



Spring Hill United Methodist Church

REQUEST FOR MEMBERSHIP

YOUR INFORMATION		
Full Name (First & Last):		
Phone #:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Email:	Birthdate (M/D/Y):	
SPOUSE'S INFORMATION (If applicable)		
Full Name (First & Last):		
Phone #:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Email:	Birthdate (M/D/Y):	
ADDRESS (Please include Apt. #, if applicable.)		
Street Address:		
City:	State:	ZIP:
CHILD(REN) AT HOME (Include last name if different from adults' names.)		
<u>Name</u>	<u>Birthdate (M/D/Y)</u>	<u>Grade</u>
1.		
2.		
3.		
4.		
5.		
6.		
HOW WILL YOU BE JOINING?		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Profession of Faith	
<input type="checkbox"/> Transfer from another United Methodist Church	<input type="checkbox"/> Transfer from another denomination	
IF APPLICABLE, HOW WILL YOUR SPOUSE BE JOINING?		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Profession of Faith	
<input type="checkbox"/> Transfer from another United Methodist Church	<input type="checkbox"/> Transfer from another denomination	

IF TRANSFERRING FROM ANOTHER CHURCH, PLEASE PROVIDE THAT INFORMATION BELOW.

(Fill in as much information as you are able.)

Name of former church:

Street address
of former church:

City:

State:

Zip Code:

IF APPLICABLE, PLEASE PROVIDE INFORMATION FOR THE CHURCH YOUR SPOUSE IS TRANSFERRING FROM. (Fill in as much information as you are able.)

Same as above

Name of former church:

Street address
of former church:

City:

State:

Zip Code:

CHURCH DIRECTORY ENTRY

We would like to include you in our church directory. This will allow others within the church to contact you as needed. No information will be sold or shared to other organizations.

May we include your contact information in the church directory?

Yes No

Whose birthday information may we include? (Birth year will not be shown.)

Please mark all that apply.

Me Spouse Children Do not include birthdays