



Saint James United Methodist Church

Membership Questionnaire

Family's Last Name: _____ **Home Phone:** _____

Residence Address: _____ **New Resident:** Yes No
Number/Street

City/State/Zip: _____

Mailing Address: _____
(If different from above)

Seasonal Address: _____ **From:** _____ **To:** _____
Number/Street/

City/State/Zip: _____

Seasonal Phone: _____ **Family E-mail:** _____

Emergency Contact Name: _____ **Relationship:** _____ **Phone Number:** _____

Man's Name: _____	Woman's Name _____
Joining Church Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Joining Church Now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____ Cell: _____	Work Phone: _____ Cell: _____
E-mail: _____	E-mail: _____
Birthdate: _____ Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate: _____ Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nametag: _____ <i>Type: Pin Clip Pocketback Magnet</i>	Nametag: _____ <i>Type: Pin Clip Pocketback Magnet</i>
Marital Status: Married ___ (Wedding Date _____) <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	
Children: <i>(List separately)</i>	
Name (First, Middle, Last)	Date of Birth
	(Baptized/Confirmed? If yes, date)

How did you learn about Saint James? _____

Previous Church Affiliation: _____ **Denomination:** _____

Name of Church: _____

Address of Church: _____

City: _____ **State:** _____ **Zip:** _____

Name under which you were affiliated: _____