

ST. ANDREW BY-THE-SEA UNITED METHODIST CHURCH
NEW MEMBER INFORMATION SHEET
(Please complete one form for **each child/youth** in your household)

I would like to join at: 9:00am worship 11:15 worship Date _____

Please print information clearly:

CHILD – Male Female

Last Name _____ First Middle Name _____ Preferred Name _____

Birth Date: Month _____ Day _____ Year _____

Baptized: Yes No Date Baptized _____
Where Baptized _____

Parent/guardian _____

Home Address _____

Geographic Location _____ Home Telephone _____

E-mail _____ Cell Phone _____

Grade _____ School _____

Method of Joining

UMC Transfer – Church Name _____
Former Church's Address _____
City/State/Zip _____

Other Denomination Transfer – Church Name _____
Former Church's address _____
City/State/Zip _____

Confession of Faith
Baptized : No Yes Date: Month _____ Day _____ Year _____

Committees or service: _____

Areas of interest, hobbies, etc. _____

Racial Ethnic Identity: Asian ___ African American/Black ___ Hispanic ___
Native American ___ Pacific Islander ___ White ___ Multi-Racial ___

Office Use: Date Joined Church _____ Date Posted CW _____
Envelope # _____ Ltr _____

Copies to: Office, Membership, RM, UMM, Nursery/Youth/Children Directors (if appropriate)
