

PROSPECTIVE MEMBER INFORMATION FORM

MY INFORMATION

Full Name:		
Current address:		
City:	State:	ZIP Code:
E-mail (personal):	Home Phone:	Business Phone:
E-mail (business) :	Mobile Phone:	Occupation:
Age:	Date of Birth:	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status*: <input type="checkbox"/> Single; <input type="checkbox"/> Married; <input type="checkbox"/> Divorced; <input type="checkbox"/> Widowed		
* If Married please complete spouse information below.		

SPOUSE INFORMATION

Full Name:		
E-mail (personal):	Home Phone:	Business Phone:
E-mail (business):	Mobile Phone:	Occupation:
Age:	Date of Birth:	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN(S) INFORMATION

CHILD #1		
Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILD #2		
Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILD #3		
Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILD #4		
Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOW ARE YOU JOINING THE CHURCH

- Profession of Faith** – The initial entrance into membership in the church, when you profess faith in Jesus Christ as Lord and Savior and desire to be baptized.
- Renewal of Membership Vows**– You are a baptized Christian and renewing your initial profession of faith after a period of inactivity or not being on a church membership roll.
- Affiliate Membership:** You are a member of another United Methodist Church and would like to retain your membership there, but First UMC St Cloud is where you are currently worshipping and participating, you are invited to join us as an affiliate member.
- Associate Membership:** You are a member of another denomination and would like to keep that denominational affiliation with that particular congregation, but First UMC St Cloud is where you are worshipping and participating.
- Transfer of Membership*:** If you are a member of another United Methodist Church or another denomination and would like First UMC St Cloud to be your church home. You are invited to join. We will notify your home church.

* If transferring membership complete the following information.

Name of Church:

Address:

City:

State:

ZIP Code:

OTHER INFORMATION

Are you involved in a Sunday School, Bible Study, or Other Ministry Area?

Yes No If "Yes", which one(s)

Comments (Further information you wish to communicate to us):

How did you hear about First UMC St Cloud?

Questions about joining FUMCSC, please contact the church office at (407) 552-7893 or email admin@firstchurchstcloud.org