

First UMC Sunnyvale New Member Information

Title: Mr. Ms. Miss Mrs. Dr.

Name 1 _____

Name 2 _____

Address _____

City _____ Zip _____

Phone _____ Cell Phone 1 _____ Cell Phone 2 _____

E-Mail Address 1 _____

E-Mail Address 2 _____

Marital Status _____

Birth date 1 _____ Birthdate 2 _____

Ethnicity 1 _____ Ethnicity 2 _____

Occupation 1 _____

Occupation 2 _____

Have you been baptized? If so, when? #1 _____ #2 _____

Children Living at home or at College:

Name	Birth date	Baptism Date	School

Present Church Membership: _____

Church Address: _____

Minister's Name (if known) _____

Once you have completed this form, click the button (right) to submit this file via email. If you have trouble using the Submit Form button, simply save this pdf file to your computer and then send it to fumcoffice0826@sbcglobal.net as an email attachment. You can also save this .pdf file to your computer to finish and submit at a later date.