

Mt Zion United Methodist Church
New Member Data Form
(Please Print)

Date _____

Last Name _____ First Name _____ MI _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

E-mail address: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

No. Children _____

Have you ever been baptized? Yes _____ No _____

Method of Joining (check one)

Profession of Faith ____ (2) Restored Membership ____ (3) Preparatory (child) ____

(4) Transfer from UMC _____ Name _____

(5) Transfer from another denomination _____ Name _____

In case of emergency, please notify: Name _____ relationship _____

Contact information _____

Please indicate any gifts, talents or interest that you have:

_____, _____, _____

Please indicate the ministries you are interested in:

Nurture: Children _____ Youth _____ Young Adults _____ Older Adults _____ Prayer _____

Outreach: Athletics _____ Education _____ Health & Welfare _____

Witness: Evangelism _____ Communication _____ Lay Speaking _____

Worship: Usher _____ Choir _____ Praise Dance Team _____

Sunday School _____ **Bible Study** _____

United Methodist Women _____ United Methodist Men _____

Others: _____