

MEMBERSHIP FORM

— SALEM CHURCH OF DELTA



PLEASE COMPLETE THIS FORM TO INDICATE THAT YOUR PLAN TO ACTIVELY PARTICIPATE IN THE LIFE OF THE CHURCH THROUGH FAITHFUL WORSHIP ATTENDANCE (WHEN POSSIBLE), PRAYER, AND FINANCIAL SUPPORT.

FIRST/LAST NAME :

PERSONAL INFORMATION

Full Address

Phone

Email

If you would like to transfer your membership from another existing church (Not Salem United Methodist) please indicate by providing the information below:

Name of Church

Church Address

Salem Church of Delta
5042 Delta Rd. Delta PA 17314
salemdelta.org