

# MEMBERSHIP FORM

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
(M/D)

Email: \_\_\_\_\_

☐ I desire membership with United Christian Church of Emmet. Please contact me.

\_\_\_\_ Christian Experience

\_\_\_\_ Baptism

\_\_\_\_ Watch Care