

THE GROVES MINISTRIES

MEMBERSHIP INFORMATION FORM

Please complete this information form to the best of your abilities. The information provided will help the pastor, church leaders and church office to keep you informed about what is happening at the GROVES MINISTRIES. Even if you have completed a similar form in the past, please fill this form out for the current year. There may have been changes in your contact information such email or phone since information was last collected. We are requesting that you include your first name even if you don't use it. It may be required for a hospital visit.

*Please fill out the gray areas.

[RECORD OF PERSONAL INFORMATION]

UNION GROVE UMC WILLOW GROVE UMC

NAME M F **DATE OF BIRTH** . .
First | Middle | Last MM. DD. YYYY

MAIDEN NAME **PREFERRED NAME**
If applicable If applicable

TITLE Mr. Mrs. Ms. Dr. Rev.

MARITAL STATUS Single Married Separated Divorced Widowed

STATUS Member Attender Visitor No Longer Attends

STREET ADDRESS Street: City:
State: ZIP:

POSTAL ADDRESS Post Office Box: City:
If different from Street Address State: ZIP:

EMAIL ADDRESS
If applicable

PHONE NUMBERS Home: Cell:
If applicable

RETIRED? YES NO **OCCUPATION**
If applicable

PLACE OF EMPLOYMENT **WORK PHONE**

EMERGENCY CONTACT **SCHOOL**
Other than spouse If applicable

PREFERRED METHOD OF CONTACT: Email Phone_Call Phone_Text Mail

[RECORD OF MEMBERSHIP]

DATE OF BAPTISM

MM. DD. YYYY

PLACE OF BAPTISM

Church Name | Address

NAME OF OFFICIATING MINISTER:

MEMBERSHIP STATUS

- Attend Regularly, but Non-Member (Constituency Roll)
 Baptized Member* Professing Member**
 Prospective Member (I am interested in becoming a member)

*Baptized Members are those persons who were baptized as children but who have not yet taken the vows of church membership for themselves. **Professing Members are those persons who have taken the “vows of church membership”

for themselves. They are people who have professed their faith openly before the assembled congregation. People who have been received into membership through (1) baptism as an adult OR (2) through the rite of confirmation, OR (3) by certificate of transfer from another United Methodist Church or Christian denomination recognized by the United Methodist Church are considered professing members.

RACIAL / ETHNIC GROUP Asian African American / Black Hispanic Native American
 Pacific Islander White Multi-Racial

DATE RECEIVED AS BAPTIZED MEMBER

MM. DD. YYYY

HOW YOU RECEIVED

AS BAPTIZED MEMBER

- Baptized at the Groves Ministries Transfer (from other UMC)
 Other Denomination (transfer from other denomination)

DATE RECEIVED AS PROFESSING MEMBER

MM. DD. YYYY

HOW YOU RECEIVED

AS PROFESSING MEMBER

- Profession of Christian Faith at the Groves Ministries
 Restored Transfer (from another UMC)
 Other Denomination (transfer from other denomination)

[RECORD OF TRANSFER] (If applicable)

DATE OF TRANSFER TO THE GROVES MINISTRIES

MM. DD. YYYY

CHURCH NAME YOU TRANSFERRED FROM

CHURCH ADDRESS

YOU TRANSFERRED FROM

Street:

State:

City:

ZIP:

[RECORD OF MARRIAGE] (If applicable)

CHURCH RELATIONSHIP

- Attend Regularly, but Non-Member (Constituency Roll)
 Baptized Member Professing Member

DATE OF MARRIAGE

MM. DD. YYYY

PLACE OF MARRIAGE

Church Name | Address

NAME OF OFFICIATING MINISTER:

LICENSE ISSUED BY

County, State

LICENSE NO.

[RECORD OF FAMILY / HOUSEHOLD]

For children, include only those living at home and those in college.

SPOUSE_NAME:

First | Middle | Last

SPOUSE_DATE OF BIRTH

MM. DD. YYYY

NAMES OF CHILDREN First Middle Last	GENDER	BAPTIZED?	CONFIRMED?	SCHOOL NAME
	DATE OF BIRTH	DATE OF BAPTISM	DATE OF CONFIRMATION	GRADE
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	
	PHONE:		EMAIL:	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	
	PHONE:		EMAIL:	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	
	PHONE:		EMAIL:	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	
	PHONE:		EMAIL:	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	
	PHONE:		EMAIL:	

[SERVICE / INTEREST]

To become a United Methodist means for you to vow to support it with your prayers, presence, gifts, service and witness. There are ways to participate in the life and ministry of Groves Ministries. Please mark all areas where you are interested in serving:

- Congregational Care _ Prayer Team
- Congregational Care _ Church Program
- Discipleship _ Sunday School Teacher
- Discipleship _ Sunday School Volunteer
- Discipleship _ Small Groups
- Facilities Care _ Building Maintenance
- Facilities Care _ Building Cleaning
- Facilities Care _ Board of Trustees
- Mission _ UMW
- Worship _ Acolyte
- Worship _ Greeter
- Worship _ Sanctuary Cleaning
- Worship _ Usher

Please be little more specific about your service / interests you wish to serve or participate:

**Would you like to receive our prayer list so that you can keep them in your prayer?
We, Groves Ministries, are grateful for joining this team who commit to pray any time for the concerns that are shared.**

Yes No

If yes, what method do you prefer to receive our prayer list?

Email Phone_Call Phone_Text
