PLAINFIELD UNITED METHODIST CHURCH **MEMBERSHIP INFORMATION**

PERSONAL INFORMATION

Please print all information.

Last Name			Name	MI		
Last Name(Spouse/Significant Other)			Name	MI		
Address						
				Zip Code		
	Cell Phone	Home Phone	E-Mail Address			
1st Person		_				
2nd Person						
Mobile Carri	er					
			Work F	Phone		
2nd Person Occupation			Work Phone			
Birth date: 1st Person(mm/dd/yy)			2nd Person_	(mm/dd/yy)		
Wedding An	niversary (if applica	(mm/dd/yy)				
Secondary A	Address:					
City		State		Zip Code		
		CHILDREN (includin	a arown children)			

First Name	Middle Name	Birthdate (mm/dd/yy)	Live at Home (Y/N)	Member (Y/N)	Remarks (include Last Name if different)

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RELIGIOUS BACKGROUND

Please print all information.

Are you currently a member of another church?							
	Yes	No	Name/Address of Church				
1st Person							
2nd Person							
			wish to TRANSFER your membership to PUMC?				
	<u>Yes</u>	<u> N</u>	<u>0</u>				
1st Person			Note: PUMC Membership Secretary will prepare the Transfer papers.				
2nd Person			<u> </u>				
		Do y	ou wish to JOIN PUMC by Profession of Faith?				
1st Person	<u>Yes</u>	<u>1</u>	<u>No</u> (Profession of Faith means you don't hold a membership in				
2nd Person			any church.)				
Zna Person							
Which Sunday do you wish to Transfer/Join?							
Day/Date:							
			11:00am				
Do you wish to subscribe to the Weekly E-News and other church-wide communications?							

Check One: Yes ____ No ____