

NEW MEMBER INFORMATION

Wells United Methodist Church

Date Joined _____

Service (circle) 8:30 a.m. or 11 a.m.

PLEASE PRINT

Last Name First Name Maiden Name (if applicable)

Preferred Name (if different from above) Gender Date of Birth

Race/Ethnicity (check one please)

- Asian African American or Black Hispanic Native American Pacific Islander White Multi-racial

Street Address City State ZIP

Home Phone Mobile Phone Permission to text the mobile phone?
 Yes No

Email Employer (if applicable) Occupation

Marital Status Spouse's Name (if applicable) Anniversary Date (if applicable)

Have you been baptized? Yes No (Please arrange to be baptized prior to joining the church or at the time of joining.)

How are you joining the church?

- Profession of Christian faith Transfer from another United Methodist Church
 Confirmation process Transfer from another denomination _____

If transferring from another church, please provide the name, address and phone number of that church below.

Type of Membership: Full Affiliate Associate

*A person who resides for an extended period of time (such as for military service or college) in a community at a distance from his/her United Methodist Church home may become an **affiliate member** of a United Methodist Church near his/her temporary residence. He/she retains membership at the church near his/her permanent residence. A member of another denomination may become an **associate member** under the same conditions. These members' votes remain at their home church unless they transfer their membership to Wells United Methodist Church.*

I am interested in more information about these growth and discipleship opportunities:

- Adult Sunday School Classes Youth Ministry Prayer Meeting
 Children's Ministry Wednesday Night Classes Book Club
 Community or small groups Men's Fellowship _____

I am interested in more information about these opportunities to serve:

- WellsFest Food Pantry Acolytes
 Welcoming/Greeting Usher Altar Care
 Music Ministry (choir or instrumental) Disaster Relief Gardens Ministry
 Missions Racial Reconciliation Lay Ministers
 Galloway Elementary Partnership _____

(Please complete back page)

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Please list three emergency contacts and their phone numbers below.

Please list any special needs, circumstances or concerns you or your family may have.

If you have children (minors or those still living at home), please list their names and birthdates below:

Have your children been baptized? Yes No If not, would you like to schedule their baptism?

PHOTO RELEASE

Photos from church events will be posted on the church webpage, in electronic and print newsletters, and on social media. They may also be included in other digital and print media for church advertising or news purposes. The church publishes a print directory and password-protected electronic directory that includes photos and contact information for the convenience of its members.

I agree to the use of my photos (or those of my child) as specified above.

Signature

Signature of Parent (if the new member is a minor)