

## NEW MEMBER INFORMATION

Each adult please complete the following information for our Membership Database.

DATE JOINING TRINITY: \_\_\_\_\_

NAME (first, middle, last, suffix): \_\_\_\_\_

PREFERRED NAME or nickname, if applicable: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTH DATE (mm/dd/yy): \_\_\_\_\_

BAPTISM DATE (mm/dd/yy): \_\_\_\_\_ Church: \_\_\_\_\_

CONFIRMATION DATE (mm/dd/yy): \_\_\_\_\_ Church: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ widowed

MARRIAGE DATE (mm/dd/yy): \_\_\_\_\_

SPOUSE'S NAME (first, last): \_\_\_\_\_ Also joining Trinity? (yes/no) \_\_\_\_\_

PREVIOUS CHURCH MEMBERSHIP: \_\_\_\_\_

POSITIONS HELD AT PREVIOUS CHURCH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PASSIONS: \_\_\_\_\_

**Would you like to learn more about our Ministries? (check mark please)**

CARING MINISTRIES: \_\_\_\_\_ CHRISTIAN EDUCATION: \_\_\_\_\_ YOUTH: \_\_\_\_\_

WORSHIP & MUSIC: \_\_\_\_\_ PROPERTY: \_\_\_\_\_ LIVE NATIVITY: \_\_\_\_\_

ANYTHING ELSE YOU'D LIKE TO SHARE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE about your CHILDREN who are also joining Trinity. (Only one parent needs to fill out the children's info.) Thanks!

**Office use: Envelope number assigned:** \_\_\_\_\_

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<b>CHILD'NAME (first, middle, last if different from parents)</b>	<b>BIRTH DATE (MM/DD/YY)</b>	<b>BAPTISM DATE</b>	<b>CONFIRMATION DATE</b>	<b>GRADE IN SCHOOL</b>

SCHOOL DISTRICT: \_\_\_\_\_