

Worship Service you
Usually attend _____

Mem No. _____

Received by Session _____

TRINITY PRESBYTERIAN CHURCH

Membership Information Form

(Please complete a separate form for each member of your household desiring membership)

Full Legal Name _____ Nickname _____

Maiden Name _____ Spouse _____

Home Address _____
Street, City/Town State Zip

Telephone _____ E-mail Address _____

Uniting by: Profession of Faith _____ Reaffirmation of Faith _____ Letter of Transfer _____ Affiliate Member _____

Your Former Church and Address _____
Church Name

Street City/Town State Zip

Your Former City/State of Residence _____

Birth Date _____ Baptized: Yes _____ No _____

Married: Yes _____ No _____ If so, date of marriage _____

Emergency Contact other than spouse _____
Name

Address Telephone Relationship

Elected Offices you have held in the *Presbyterian Church (USA)*. Please give of first ordination.

Elder _____
Date Church at time of Ordination Location

Deacon _____
Date Church at time of Ordination Location

Present Occupation _____ Before Retirement _____

Children under 18 and living with you who are not church members:

Name	Birth Date	Date Baptized	Church and Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We thank God for leading you to ministry here in Palm Coast. We pray that you will share your time and talents with us.