

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.*