



Membership Information Form

Clergy Name: _____

Preferred Nickname (if any): _____

Clergy Birthdate: Month_____Day_____

Spouse Name: _____

Preferred Nickname (if any): _____

Spouse Birthdate: Month_____Day_____

Wedding Anniversary: Month_____Day_____

Retirement Year: _____

Mailing Address:

Start Date if Moving: _____

Please confirm your current mailing address below:

Home Phone: _____

Clergy Cell: _____

Spouse Cell: _____

Clergy Email: _____

Spouse Email: _____

Emergency Contact: (non-spouse)

Name: _____

Relationship: (check one) ___ Child ___ Sibling ___ Friend ___ Legal Rep

Phone #: _____

Email: _____

Address: _____

Office Use Only: DB_____MC_____UD_____