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| GENERAL Information  *PLEASE PRINT\_\_\_\_\_\_\_*  Membership Update Form  All information collected will be kept confidential | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | First | | | | | | | | | | | M.I. | | |
| Home Address | | | |  | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | |
| City | | | | | | | | | | | State | | | | | | | | | ZIP | | | | | | | |
| Home Phone ( ) Unlisted: Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell Phone ( ) | | | | | | | | | | | Work Phone ( ) EXT. | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: / / | | | | | | Gender Male  Female  Marital Status Married  Single  Divorced  Widowed | | | | | | | | | | | | | | | | | | | | | |
| Date Joined: / / Date Baptized: / / Christian Experience: Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Media Handles (i.e. @reginap) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facebook | | | | | | | Instagram | | | | | | | | | Twitter | | | | | Snapchat | | | | | | |
|  | | | | | | | @ | | | | | | | | | @ | | | | | @ | | | | | | |
| **COLLEGE STUDENT:***Please provide mailing address if you are temporarily living away from home.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School | |  | | | | | | | | | | | | | | | Class |  | | | | | | | | | |
| Degree Sought | | | |  | | | | | | | | | | | | | Major |  | | | | | | | | | |
| School Address | | | |  | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  | |
| City |  | | | | | | | | | | State | | |  | | | | | | ZIP | | | |  | | | |
| Household information | | | | | | | | | If your spouse is also a **member**, please also have them complete their own member information form.  Please only include children on **one** form. | | | | | | | | | | | | | | | | | | |
| **Spouse Name** | | | | | | | | | | | | | | | New Hope Member? Yes  No  Joined / /  Baptism / / Christian Experience: Yes  No | | | | | | | | | | | | |
| *Last Name* | | | | | *First Name* | | | | | | | | *M.I.* | |  | | | | | | | | | | | | |
| **Child Name** | | |  | | | | | | | | | | | | New Hope Member?  Yes  No | | | | Date of Birth | | | | / / | | | | |
| *Last Name* | | | | | | | | | | *First Name* | | *M.I.* | | | Joined: / / Baptism / / | | | | | | | | | | | | |
| Gender | | | Male | | Female | | | School | | | | | | | | | | | | | | Fall Grade Level | | | | |  |
| **Child Name** | | |  | | | | | | | | | | | | New Hope Member?  Yes  No | | | | Date of Birth | | | | | / / | | | |
| *Last Name* | | | | | | | | | | *First Name* | | *M.I.* | | | Joined: / / Baptism / / | | | | | | | | | | | | |
| Gender | | | Male | | Female | | | School | | | | | | | | | | | | | | Fall Grade Level | | | | | |
| **Child Name** | | |  | | | | | | | | | | | | New Hope Member?  Yes  No | | | | Date of Birth | | | | | / / | | | |
| *Last Name* | | | | | | | | | | *First Name* | | *M.I.* | | | Joined: / / Baptism / / | | | | | | | | | | | | |
| Gender | | | Male | | Female | | | School | | | | | | | | | | | | | | Fall Grade Level | | | | | |
| **Child Name** | | |  | | | | | | | | | | | | New Hope Member?  Yes  No | | | | Date of Birth | | | | | / / | | | |
| *Last Name* | | | | | | | | | | *First Name* | | *M.I.* | | | Joined: / / Baptism / / | | | | | | | | | | | | |
| Gender | | | Male | | Female | | | School | | | | | | | | | | | | | | Fall Grade Level | | | | | |

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| **MINISTRY ACTIVITY** *Please select ministries of which you are an* ***ACTIVE*** *member*. | | | | | | | |
| Budget Committee | | Food Bank | | | Music | | Senior Mission |
| Building & Grounds | | Food Services | | | New Member Orientation | | Senior’s Ministry |
| Building Emergency & Response Team | | Funeral Coordinator | | | Nursery | | Soldiers of Care |
| Christian Education | | General Education | | | Outreach | | Stephen Ministry |
| Community Investment Committee | | Health & Wellness | | | Parking Lot Attendant | | Summer Blast |
| Computer Lab | | Hospitality | | | Pathways to Education | | Transportation |
| Deacon | | Library | | | Personal Finance | | Trustees |
| Decision Time Counsel | | Logistics | | | Personnel Committee | | Ushers |
| Decoration | | Marriage | | | Prison | | Wedding Coordination |
| Drama | | Media | | | Public Relations | | Women of Encouragement  (Widows) |
| Family Leadership Initiative | | Men’s | | | Security | | Women’s |
| Youth & Children’s | | | | | | | |
| SKILL(S): *Are you able to volunteer?*  Yes No | | | | | | | |
| *Please list below any skill(s) you have:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| health | | | | | | | |
| **Please list any existing medical conditions, of which we may need to be aware, in case of an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **EMERGENCY CONTACT: Whom should we contact in the event of an emergency?** | | | | | | | |
| Name: | | | | Relation: | | | |
| Phone: ( ) | | | | Alternative Phone: ( ) | | | |
| Name: | | | | Relation: | | | |
| Phone: ( ) | | | | Alternative Phone: ( ) | | | |
| Are you an organ or tissue donor? | Yes  No | | Are you registered in the marrow donor program? | | | Yes  No | |
| CONTRIBUTIONS | | | | | | | |
| Married couples, how would you like your contributions recorded?  With Spouse  Separately | | | | | | | |

THANK YOU FOR YOUR TIME!

|  |  |  |  |  |
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| **FOR OFFICE USE ONLY!** | | | | |
| **Information Collected by:** | | | | |
| **Date** | **Last Name** | **First Name** | **Reviewed** | **Data Entry (Initials/Date)** |
|  |  |  |  |  |