

New Member Information (complete both sides)

Date Joined: _____

Family Last Name: _____

Place: Sanctuary Wellspring Other _____

Service: 8:00 9:00 10:05 11:10

Home Address: _____
Street City State Zip Code

Head of Household

First Name _____ Middle Name _____

Last Name _____ Goes by Name _____

Date of Birth: ____/____/____ Gender: Male Female
Month Day Year Maiden Name: _____

Marital Status: Single Married Divorced Widowed Engaged

Home Phone: _____

Cell Phone: _____

Preferred Phone: (check one) Home *or* Cell

Primary Email: _____

Employer: _____ Type of work: _____

Have you been baptized? Yes No Not Sure
Year/church/place of baptism: _____

If you have never been baptized, you can be baptized at the time you join or you may arrange to be baptized prior to joining.

Joining by: (check one)

- Transfer from another United Methodist Church
- Transfer from another denomination
- Profession of faith with baptism
- Reaffirmation of faith, already baptized

If transferring: Previous Church: _____

City

State

Have you taken Join the Journey newcomers class? Yes No

I am interested in more information about: (check all that apply)

How to Grow:

- Adult Sunday School Bible Studies
- Men's/Women's Studies Life Groups

How to Serve:

- Welcoming/Greeting Children's/Nursery
- Usher Youth Ministries
- Music/Choir/Musician Congregational Care
- Prayer Ministry Local/Global Missions

Other: _____

For more opportunities visit www.sharingtheheart.org

Co-Head of Household

First Name _____ Middle Name _____

Last Name _____ Goes by Name _____

Date of Birth: ____/____/____ Gender: Male Female
Month Day Year Maiden Name: _____

Marital Status: Single Married Divorced Widowed Engaged

Home Phone: _____

Cell Phone: _____

Preferred Phone: (check one) Home *or* Cell

Primary Email: _____

Employer: _____ Type of work: _____

Have you been baptized? Yes No Not Sure
Year/church/place of baptism: _____

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Do you or your family have any special needs, circumstances, or concerns?

Please list any relatives who attend First United Methodist Church of McKinney (names and relationships):

Name(s): _____ Relationship: _____

How did you hear about our church? Friend: _____ Website Drove by Event: _____ Mailing Other: _____

*Photos from church events will be posted on the church website, in the newsletter and on bulletin boards. Addresses and phone numbers are never included. If you do **NOT** wish to have photos posted, please indicate.*

Do NOT post individual or family photos on the website, newsletter, or bulletin boards.

PLEASE COMPLETE THE BACK OF THIS FORM IF YOU HAVE CHILDREN (minors or those still living at home)

FOR OFFICE USE ONLY: Photo Notes: _____

New Member Information (continued, page 2 of 2)

CHILDREN (Minors or those still living at home)

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____
Month Day Year

School attending: _____ Grade: _____ Age: _____

Has your child been baptized? **Yes** **No*** Year baptized: _____ Church/City/State: _____
*If not already baptized, would you like to schedule a baptism? **Yes** **No**

Has your child been confirmed? **Yes** **No** Year: _____ Church/City/State: _____

Is it your wish for your child to join First United Methodist Church? **Yes** **No**

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____
Month Day Year

School attending: _____ Grade: _____ Age: _____

Has your child been baptized? **Yes** **No*** Year baptized: _____ Church/City/State: _____
*If not already baptized, would you like to schedule a baptism? **Yes** **No**

Has your child been confirmed? **Yes** **No** Year: _____ Church/City/State: _____

Is it your wish for your child to join First United Methodist Church? **Yes** **No**

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____
Month Day Year

School attending: _____ Grade: _____ Age: _____

Has your child been baptized? **Yes** **No*** Year baptized: _____ Church/City/State: _____
*If not already baptized, would you like to schedule a baptism? **Yes** **No**

Has your child been confirmed? **Yes** **No** Year: _____ Church/City/State: _____

Is it your wish for your child to join First United Methodist Church? **Yes** **No**

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____
Month Day Year

School attending: _____ Grade: _____ Age: _____

Has your child been baptized? **Yes** **No*** Year baptized: _____ Church/City/State: _____
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Has your child been confirmed? **Yes** **No** Year: _____ Church/City/State: _____

Is it your wish for your child to join First United Methodist Church? **Yes** **No**