

MEMBERSHIP CLASS REGISTRATION FORM for session beginning ___/___/___

Family Last Name _____

Address _____
Street

City State Zip Cell Telephone _____

Home Telephone (____) _____ Household E-Mail _____

PRIMARY CONTACT (Mr. Mrs. Ms) _____
First Middle Last Maiden (If applicable)

Employer _____ Title/Occupation _____

Work Phone (____) _____ Personal e-mail _____

Emergency Contact other than spouse: _____
Name Relationship Phone number

Birth Date ___/___/___ Date Married (if app.) ___/___/___ Single Divorced Widow/er

Baptism Date ___/___/___ Church and City _____

Confirmation Date ___/___/___ Church and City _____

What was your previous church? _____
Church City State

How long has it been since you've regularly attended your previous church? *Less than a year*
 One to three years *More than three years* *I have not regularly attended a church previously*

If you are a member of another church and are joining at this time, please contact the church and ask that they transfer or release your membership to Prince of Peace.

SPOUSE OR

SECONDARY CONTACT (Mr. Mrs Ms) _____
First Middle Last Maiden (If applicable)

Employer _____ Title/Occupation _____

Work Phone (____) _____ Personal E-mail _____

Birth Date ___/___/___ Cell Telephone _____

Baptism Date ___/___/___ Church and City _____

Confirmation Date ___/___/___ Church and City _____

What was your previous church? _____
Church City State

How long has it been since you've regularly attended your previous church? *Less than a year*
 One to three years *More than three years* *I have not regularly attended a church previously*

Is your spouse considering membership? yes no I don't have a spouse

