

**Concilio Pentecostal de Dios Inc.
Church Membership Information**

Last Name: _____ First Name: _____

DOB: ___/___/___ Membership Date: ___/___/___

Last Name of Spouse: _____ First Name of Spouse: _____

Spouse's DOB: ___/___/___ Membership Date: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Wedding Anniversary Date: ___/___/___

Married Divorced Widowed Separated Single

Those dependents that are living with you:

First Name: _____ Last Name: _____

DOB: ___/___/___ Membership Date: ___/___/___ **Male** **Female**

First Name: _____ Last Name: _____

DOB: ___/___/___ Membership Date: ___/___/___ **Male** **Female**

First Name: _____ Last Name: _____

DOB: ___/___/___ Membership Date: ___/___/___ **Male** **Female**

First Name: _____ Last Name: _____

DOB: ___/___/___ Membership Date: ___/___/___ **Male** **Female**

Previous Church you attended

Name of Pastor: _____ Address of Church: _____

Telephone of the pastor: _____ - _____ - _____ how long did you attend the church _____

Reason for leaving

Baptism Date _____ Location _____ Pastor _____

Member Information Sheet

Church Involvement* (*list names below*) **Involvement areas** (*please check the areas you would be interested in*)

Ministries

- Missions & Outreach
- Youth Ministry
- Music Ministry
- Children Ministry
- Nursery & Child Care
- Sunday school & Education
- UM Women
- UM Men
- Evangelism
- Communications & Web
- Stewardship/Fund raising
- AV/Technology
- Church Administration**
 - Secretarial
 - Treasurer

Tell us how you would like to share with us your talents

