



**THREE CROSSES CHURCH
NEW MEMBERSHIP FORM
(Please complete for each new member)**

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMERGENCY CONTACT _____

EMAIL ADDRESS _____

DATE OF BIRTH (MM/DD/YYYY) _____

MARITAL STATUS **SINGLE** **MARRIED** **WIDOWED**

SPOUSE NAME _____

ANNIVERSARY _____

CHILDREN'S NAMES AND DATE OF BIRTH (IF CHILDREN STILL LIVE AT HOME)

DATE OF BAPTISM (IF APPLICABLE) _____

PREVIOUS CHURCH NAME AND ADDRESS _____

HAVE YOU ATTENDED A SUNDAY SCHOOL CLASS? _____

IF SO, WHICH ONE? _____

ADDITIONAL INFORMATION _____
