



New Life Holiness Church of God in Christ

Member Form

Please complete this form and return to one of the Ushers or bring it by the church office.

Name: _____
 First M.I. Last

Spouse: _____
 First M.I. Last

Enter the month and year you joined the Church
_____/_____

Address: _____
 Number and Street City State Zip Code

Phone #: _____ (Home) _____ (Cell) _____ (Work)

Email Address: _____ @ _____

Birth Date: ____/____/____ Spouse: Birth Date: ____/____/____
 Month/ Day /Year Month/ Day /Year

Employer: _____ Spouse Employer: _____

Anniversary Date if married: _____

List Children's Name	Birth dates:	Male / Female
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____
4. _____	____/____/____	_____
5. _____	____/____/____	_____
6. _____	____/____/____	_____

Would you like to be baptized? Yes No
Would you like to join a church auxiliary? Yes No

Office Use ONLY
Entered by: _____
Date: _____
Member # _____

If you are currently a member of any auxiliary, please list them below:

1. _____ 2. _____ 3. _____