



ELIM MEMBERSHIP FORM FOR AN ADULT

Please print your proper First, Middle, Last (and maiden name if applicable).

_____ *First* _____ *Middle* _____ *Last* _____ *maiden (if applicable)*

Name *(as you like to be addressed)*: _____

Male: _____ Female: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Please mark the preferred phone number with an asterisk.) *

E-mail address: _____

BIRTH DATE:

Date of Birth (M/D/Y): _____ / _____ / _____

Place of Birth: _____
(Town/city) (State)

MARITAL STATUS: (Check one)

_____ Single

_____ Coupled, Partnered or Married

Name of Partner/Spouse: _____

_____ Widowed

Optional: wedding date & year

Name of Deceased: _____

Date of his/her death: (M/D/Y) _____

NAMES & BIRTH DATES OF CHILDREN: (Please identify deceased children by checking the box)

_____ Birthdate (M/D/Y) Deceased?
Full Name

_____ Birthdate (M/D/Y) Deceased?
Full Name

_____ Birthdate (M/D/Y) Deceased?
Full Name

_____ Birthdate (M/D/Y) Deceased?
Full Name

_____ Birthdate (M/D/Y) Deceased?
Full Name



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ETHNIC IDENTIFICATION:

This allows our denomination to monitor representation from various ethnic identifications.

African American/Black Arab/Middle Eastern Multiethnic
 African National/African-Caribbean Asian/Pacific Islander White/Caucasian
 American Indian/Alaska Native Latino/Hispanic Other

BAPTISM INFORMATION: (Check one)

I have never been baptized.
 I was baptized. *If checked, please provide baptism information below as you are able.*

Date of Baptism (M/D/Y): ____/____/____

Congregation baptized in: _____

City: _____ State: _____

CHURCH MEMBERSHIP:

I do not currently identify myself as a member of another church.
 I identify myself as a member of another church and will maintain membership there and Elim too.
 I am leaving another church and would like assistance in **transferring** my membership to Elim.

*Complete the portion below **only** if you are transferring membership from another church.*

Church: _____

Address: _____ City: _____ State: _____ Zip _____

All the items below this line are optional.

CURRENT OR PREVIOUS VOCATIONAL/OCCUPATIONAL INFORMATION *Optional.*

Occupation: _____ Job Title: _____

Employer: _____ I am retired from this occupation as of _____.

Additional position(s):

Occupation: _____ Job Title: _____

Employer: _____ I am retired from this occupation as of _____.

MILITARY STATUS: *Check one if applicable.*

Active Duty Reserves Veteran

HOBBIES, INTERESTS, SOCIAL CONCERNS & OTHER PASSIONS:
