



New Member Information

Name: _____

Complete Birthdate: _____

If applicable, Anniversary Date: _____

Children - name(s) & complete birthdate(s):

Address: _____

City, State & Zip Code: _____

Home Phone Number (include area code): _____

Name/Cell Phone Number (include area code): _____

Email Address: _____

Others Ways that Work to Communicate with me (check if applicable):

_____ Facebook _____ Twitter _____ Text.

Do we have your permission to include the information above in the Trinity Church Directory?

Previous Church attended: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____

Email Address: _____

Were you a member(s)? ____ Yes ____ No

Have you been baptized? _____ If so when and where? _____

Have you made profession of faith? _____ If so, when and where? _____



New Member Information

Worship

Do you plan to attend worship on Sundays unless sick, out of town, or required to work? _____

Will some of the above exceptions apply to you? Please describe: _____

Community

Are you a regular member of a class, small group, Bible Study, Prayer group, or any other expression of Christian Community? Please describe each of those below. If not, indicate your plan to become part of a group.

Name of Group

Meeting day / frequency

Description of Group

Discipleship / Christian Growth

What are you doing or would like to do to maintain spiritual health and growth? _____

Have you completed the Next Steps Christian Growth Survey? _____

Would you like to participate in Christian Growth coaching / mentoring? _____

Mission

What Mission / Ministry / Community Service activities do you participate in? Please describe:

Name of Organization

Your Role

Activity description (what do you do, how often)

Office Use:

New Member

Regular Attender