

**Membership Profile Questionnaire**

	Head of Household	Spouse
<b>Title: (Circle one)</b>	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
<b>Name: (First - Middle or Maiden - Last)</b>		
<b>Sex: (Check one)</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Birthday: (yr. optional)</b>	Date: ___/___/___	Date: ___/___/___
<b>Preferred or Nickname</b>		
<b>Address:</b>	_____	_____
<b>City, State / Zip:</b>		
<b>2nd or vacation address from _____ to _____</b>	_____	_____
<b>Address:</b>		
<b>City, State / Zip:</b>		
<b>Home Phone:</b>	( ) -                      check if unlisted <input type="checkbox"/>	( ) -
<b>Work Phone:</b>	( ) -	( ) -
<b>Fax #:</b>	( ) -	( ) -
<b>Pager #:</b>	( ) -	( ) -
<b>Cellular #:</b>	( ) -	( ) -
<b>Email Address:</b>		
<b>Marital Status:</b>		
<b>Anniversary Date:</b>	Date: ___/___/___	Date: ___/___/___
<b>Occupation:</b>		
<b>Employer:</b>		
<b>Member Status:</b>		
<b>Church Background</b>		
<b>Sunday School Class:</b>		
<b>Baptized:</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___

**Personal Comments:**



