

# MEMBERSHIP PROFILE QUESTIONNAIRE

## PLEASE PRINT CLEARLY!

	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: City, State / Zip:</b>	_____ _____ _____	_____ _____ _____
<b>2nd or vacation address from _____ to _____ Address: City, State / Zip:</b>	_____ _____ _____	_____ _____ _____
<b>Email:</b>	_____	_____
<b>Home Phone:</b>	( ) - _____ check if unlisted <input type="checkbox"/>	( ) - _____
<b>Work Phone:</b>	( ) - _____	( ) - _____
<b>Pager #:</b>	( ) - _____	( ) - _____
<b>Mobile #:</b>	( ) - _____	( ) - _____
<b>Marital Status:</b>	_____	_____
<b>Anniversary Date:</b>	Date: ___/___/___	Date: ___/___/___
<b>Occupation:</b>	_____	_____
<b>Employer:</b>	_____	_____
<b>Baptized:</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___

Will you be transferring from another church?      \_\_\_ Yes    \_\_\_ No

If yes, which church and address?

Church name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name of current pastor (if known) \_\_\_\_\_

## Children

Name (first, middle, last)	Birthdate	Grade	Baptized	Sunday School Class
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	
	Date: __/__/__		yes <input type="checkbox"/> Date: __/__/__	

## Skills and Talents

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Acting	<input type="checkbox"/> <input type="checkbox"/> Gardening	<input type="checkbox"/> <input type="checkbox"/> Teaching
<input type="checkbox"/> <input type="checkbox"/> Administration	<input type="checkbox"/> <input type="checkbox"/> Guitarist	<input type="checkbox"/> <input type="checkbox"/> Truck Driver
<input type="checkbox"/> <input type="checkbox"/> Artist	<input type="checkbox"/> <input type="checkbox"/> Handicrafts	<input type="checkbox"/> <input type="checkbox"/> Typing
<input type="checkbox"/> <input type="checkbox"/> Caregiver	<input type="checkbox"/> <input type="checkbox"/> Handy Man	<input type="checkbox"/> <input type="checkbox"/> Writing
<input type="checkbox"/> <input type="checkbox"/> Carpentry	<input type="checkbox"/> <input type="checkbox"/> Music	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Computer	<input type="checkbox"/> <input type="checkbox"/> Photography	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Cooking	<input type="checkbox"/> <input type="checkbox"/> Pianist	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Dancing	<input type="checkbox"/> <input type="checkbox"/> Plumbing	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Design	<input type="checkbox"/> <input type="checkbox"/> Public Speaking	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Electrical	<input type="checkbox"/> <input type="checkbox"/> Singing	<input type="checkbox"/> <input type="checkbox"/>

**Personal Comments:**

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