

CHURCH MEMBERSHIP INFORMATION FORM

Independent Presbyterian Church 3100 Highland Avenue South Birmingham, AL 35205

Having considered by relationship to Christ and this church, I have made the decision to become a member of Independent Presbyterian Church.

Full Name: _____

Address: _____

Phone(s) Home: _____

Work: _____

Cell: _____

You may unite with the church in the following ways: by profession of faith, reaffirmation of faith in Jesus Christ, or transfer of letter from another church. Please answer the questions below so we may determine which method is suitable for you.

I have been baptized: ____ Yes ____ No

Have you ever joined a church? ____ Yes ____ No

Are you currently a member of another church? If yes, please fill in the information below:

Church Name: _____

Address: _____

City/State/Zip: _____

PLEASE PRINT

INFORMATION FOR CHURCH MEMBERSHIP RECORDS
Independent Presbyterian Church

Date: _____

Parish No. _____

Name: _____
(full Christian name not initials; include maiden name)

Name prefer used in Directory, mailing, etc. – e.g.; Dr. H. Richard Jones, Ms. Leslie Adams, Mrs. William E. Smith:

Name prefer to be called: _____

Marital Status (Please check one) Married: ___ Widowed: ___ Single: ___ Divorced: ___

If married, spouse's full name: _____

Residence address: _____ Zip Code: _____

Phone No. _____ E-mail Address: _____

Mailing address (if different from above): _____

Date of Birth: _____ Date of Marriage: _____

Occupation/Place of Employment: _____

Business Phone No. _____

Children under age 22:	Name	Date of Birth	School/Level
() M () F	_____	_____	_____
() M () F	_____	_____	_____
() M () F	_____	_____	_____

Please circle children living at another address: Their mailing information may be written on the back of this sheet so they may be included in our ministries.

Other persons living in your household:	Name	Relationship	Age
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

How joining IPC (Please check one): Baptism: ___ Confirmation: ___ Reaffirmation: ___ Transfer of Letter: ___

If joining by Transfer of Letter please complete the following information so that we can write the church and request that your letter be transferred: Name: _____
Address: _____

Your baptism : _____ (infant/child) _____ (adult) IPC Membership _____

Optional Racial Ethnic Profile (Please check one): Asian: ___ African American: ___ Hispanic: ___ Native American: ___
Caucasian: ___ Other: ___ (**This is for demographical tracking purposes only.**)

FORMER CHURCH OFFICES AND ACTIVITIES

Elder: _____ Deacon: _____

Church Activities: (Please List): _____

Name, address and phone number of someone to be contacted in case of an emergency: _____
