



## New Member Information Form

NAME/First/Middle/Last: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Village/Community: \_\_\_\_\_ List in Church Directory?  Yes  No

E-mail Address(s): \_\_\_\_\_

Would you like to receive e-mail communications from the church? (Important Notices, Digital Newsletter, Death Notices)

Yes  No

Would you like to receive your annual giving statement by e-mail?  Yes  No

Alternate/Seasonal Address: _____
City/State/Zip: _____
From (date) _____ to _____

Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Marital Status (please circle): Single/Separated/Divorced/Widowed/Married (date): \_\_\_\_\_

Ethnicity:  Caucasian/White  African American  Asian  Hispanic  Native American  Prefer not to say

Other: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Previous Occupation: \_\_\_\_\_

Previous/Current Church: \_\_\_\_\_ ELCA?  Yes  No

Previous/Current Church Address: \_\_\_\_\_

Desired Membership Status (please select one): (If you are unsure of your membership type, leave blank and we will clarify for you at the orientation).

- Voting Member (Wishes to be a member of Hope and does not retain any membership in another congregation. Voting members have a voice & vote at every regular and special meetings of the congregation, as well as other voting rights ascribed by our Constitution).
- Associate Member (Holds and wishes to retain membership in another Christian congregation but desires to participate in the life and mission of Hope. Associate members have all the privileges and duties of membership except voting rights).
- Seasonal Member (Holds and wishes to retain membership in another ELCA congregation but desires to participate in the life and mission of Hope. Seasonal members have all the privileges and duties of membership including exercising limited voting rights at Hope).

## Emergency Contact Information:

Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Neighbor: \_\_\_\_\_ Phone: \_\_\_\_\_

Children: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

## Service Preference (please check one):

### **Central Campus:**

Saturday  4:00 pm  6:00 pm

Sunday  8:00 am  10:00 am

### **Lake Weir Campus:**

Sunday  10:00 am

### **Everglades Rec Center:**

Sunday  8:00 am  10:00 am

How did you hear about us?

- Hope member
- Daily Sun
- Web Site
- Drove by