

Maryland Presbyterian Church New Member Form

Full Name	
	Pronouns:
Address	
	State: Zip:
Home Phone	Cell Phone
Which number is best to contact you? _	Home Mobile
E-mail Address	
Date of Birth	Baptized? No Yes, date:
Other Important Dates (Anniversaries, e	tc.)
Spouse Name(if Y complete form for each spouse)	Will they be joining? Y / N
Other Family Members	
Former Church	
City:	State: Zip:
Currently an active member? Yes	No
For Session and Deacon Records:	
Date voted to be received into membersl	hip
Date received into membership in worsh	ip
Admitted by Transfer Profe	ession of Faith Reaffirmation of Faith

Please indicate any interest in these ministry areas and somebody will follow up with you!
Elder Previously Ordained Y / N
Finance Property Worship Liturgist Tech Support Music
Ministry Coordination Team Mission Religious Education Hospitality
Other areas you may want to serve:
Other information you want to share about yourself (hobbies, interests, etc.)
Are there any accommodations that would help you thrive?
Dietary restrictions and allergies (ie: Gluten Free Communion)?