

WESTHAMPTON PRESBYTERIAN CHURCH

MEMBER INFORMATION FORM

MEMBERSHIP DESIRED _____ ACTIVE _____ AFFILIATE _____

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUMMER ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

BIRTHDAY _____ WEDDING ANNIVERSARY _____

BAPTIZED? Yes No DATE (if known) _____

CHURCH MEMBERSHIP BACKGROUND (if any) _____

OCCUPATION _____

EMPLOYED BY _____ PHONE _____

MAJOR INTERESTS AND HOBBIES _____

COMMUNITY INVOLVEMENT _____

IN CASE OF EMERGENCY, PLEASE CONTACT

NAME _____

TELEPHONE _____ RELATIONSHIP _____