



NEW MEMBER / BAPTISM INFORMATION

Last Name	
Title (Mr, Mrs, Dr, etc)	
First Name / Preferred Name (Nickname)	
Middle Name	
Mailing Address, City, State, Zip	
Home/Cell Phone Number	
Email Address	
Membership Date	
Birth Date	
Place of Employment	
Have you been baptized? (circle one) YES or NO	
Will you be baptized at Paragould FUMC? (circle one) YES or NO	
If you are joining the church, how are you uniting with Paragould FUMC? (check one)	
<input type="checkbox"/> Transfer from another United Methodist Church <input type="checkbox"/> Transfer from another denomination <input type="checkbox"/> Profession of Faith	
If you are transferring from another church, can you provide its name and contact information?	
Do you have any relatives or family at Paragould FUMC? If so, who?	
Are you already involved with a FUMC ministry such as a Sunday School class? If so, which one(s)? Do you have particular interests in ministry? (e.g. Choir, Outreach ministries, Wednesday meals, etc.)	