INFORMATION FORM FOR MEMBERS AND ADHERENTS

EMMANUEL UNITED CHURCH

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| --- |
| NAME: (first) (middle) (last)  |
| ADDRESS:  |
| HOME PHONE: ( ) CELL PHONE: ( )  |
| EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I GIVE PERMISSION FOR EUC TO PUBLISH MY EMAIL ADDRESS IN THE CHURCH DIRECTORY Y N  |
| DATE OF BIRTH: (M) (D) (Y) ARE YOU A VETERAN? Y N  |
| (OPTIONAL) PLEASE PROVIDE CHILDREN’S NAMES BELOW (18 Years and under), IF APPLICABLE:  |
| NAME GRADE BIRTHDATE (M/D/Y)  |
|   |
|   |
| HAVE YOU BEEN BAPTIZED? (CIRCLE ONE) Y N I’M NOT SURE  |
| IF YES, WHEN WHERE  |
| PLEASE CHECK ONE OF THE FOLLOWING:  |
| 1. I CURRENTLY HOLD A MEMBERSHIP IN ANOTHER CHURCH \_\_\_\_  |
| 2. I DO NOT HOLD A MEMBERSHIP BUT HAVE IN THE PAST \_\_\_\_  |
| 3. I HAVE NEVER HELD A MEMBERSHIP IN A CHURCH \_\_\_\_  |
| IF YOU CHECKED 1 OR 2, PLEASE PROVIDE: CHURCH NAME  |
| DO YOU WISH TO BECOME A MEMBER OF EMMANUEL UNITED CHURCH? Y N  |
| WOULD YOU LIKE TO RECEIVE CHURCH ENVELOPES? (CIRCLE ONE) Y N RECEIVED THEM (previously) |
| IF YOU HAVE EMAIL, WOULD YOU LIKE TO RECEIVE THE WEEKLY BULLETIN MAIL OUT? Y N  |
| WOULD YOU LIKE TO RECEIVE THE BI-MONTHLY NEWSLETTER VIA EMAIL? Y N  |
| HOW WOULD YOU LIKE TO BE CONTACTED BY THE CHURCH? (CHOOSE ONE FROM BELOW)  |
| \_\_\_\_\_ PICK IT UP FROM THE CHURCH \_\_\_\_\_ VIA EMAIL \_\_\_\_\_ CANADA POST \_\_\_\_\_ CHURCH VISITOR  |
| SIGNED: DATE:  |

EMMANUEL UNITED CHURCH INFORMATION FORM FOR MEMBERSHIP (May 2017)

871 Upper Ottawa Street Hamilton ON 905-389-4150 euchamilton@gmail.com

Please turn over for more information

 **Emergency Contact Information**

**Emmanuel United Church**

The purpose of listing this information is for the church to have the name and phone number and/or email address of someone it could reach in the event of an emergency or if the church has difficulty in contacting the church member or adherent.

Due to sudden illness or an accident, sometimes individuals are unable to maintain contact with others. The Pastoral Care Committee would like to have the name of a contact person should ever an emergency occur at church or so it might be able to offer assistance or any needed support.

YOUR NAME (last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY CONTACT PERSON**:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO YOU (FAMILY MEMBER, FRIEND, NEIGHBOUR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_