

First Reformed Church New Membership Form-Individual

Name (Maiden, if desired) _____

Joining Via (Please Circle) Profession of Faith New Membership Membership Transfer

If Transfer, please note previous congregation _____

Occupation _____

Birthdate _____

Cell Phone _____

Email Address _____

Wish to subscribe to church email distribution list? Yes No

Do you have any important personal, medical, or spiritual needs that the staff should be aware of?

Not right now

Yes, but I'd like to speak privately with a pastor about them

Yes, this:

Please mail or return completed form to FRC Church Office @ 1010 6th Street, Sibley, Iowa.