**First Reformed Church New Membership Form**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address Home Phone

**Adult 1:**

Name

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

If Transfer, please note previous congregation

Occupation

Birthdate

Anniversary Cell Phone

Email Address

 Wish to subscribe to church email distribution list? Yes No

Adult 2:

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

Does your family 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

Child 1:

Name

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

If Transfer, please note previous congregation

Birthdate

Child 2:

Name

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

If Transfer, please note previous congregation

Birthdate

Child 3:

Name

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

If Transfer, please note previous congregation

Birthdate

Child 4:

Name

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

If Transfer, please note previous congregation

Birthdate

Please mail or return completed form to FRC Church Office @ 1010 6th Street, Sibley, Iowa
Or email us at sibleyfrcoffice@gmail.com