

First Reformed Church New Membership Form-Family

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