



NEW HOPE PRESBYTERIAN CHURCH NEW MEMBER FORM

In an effort to draw you into the life and ministry of your new church home, please assist us by completing the information below. **Each person of the family who wishes to join New Hope should fill out their own form. PLEASE PRINT.**

Full Name _____ Mr. ___ Mrs. ___ Ms. ___
(LAST) (FIRST) (MIDDLE)

Name you prefer to be called _____

Address _____
(STREET) (CITY) (ZIP CODE)

Subdivision _____ New Resident? _____

Home Phone _____ Cell Phone _____

Date of Birth: ___-___-___ E-Mail Address _____

Marital Status: M ___ S ___ D ___ W ___ Date of Marriage ___-___-___ Spouse's Name _____

Occupation _____ Company _____ Business Phone _____

Baptized as Adult ___ Child ___ Not ___ Date of Baptism ___-___-___

Vision impairment _____ Hearing impairment _____ Mobility impairment _____

Children living at home:

Name (First, Middle & Last)	Birth Date	Baptism Date	Grade
_____	___-___-___	___-___-___	_____
_____	___-___-___	___-___-___	_____
_____	___-___-___	___-___-___	_____
_____	___-___-___	___-___-___	_____

NEW MEMBERS

I would like to unite:

- _____ 1. On the **CONFESSION** of my faith in Jesus Christ. (This is the first time I have united formally with a Christian Church.)
- _____ 2. By the **REAFFIRMATION** of my faith in Jesus Christ. (I united with another church, but am not considered an active member.)
- _____ 3. By **TRANSFERRING** my membership by "Letter" from another church. (I am an active member of another Christian Church.) (We will write for the transfer.)

Name of Church where I am a Member _____

Address _____

- _____ 4. Have you ever been ordained **ELDER** ___ (_____ date of ordination)
or **DEACON** ___ (_____ date of ordination)?

For Office Use:

Date Joined ___-___-___ Date Transfer Requested ___-___-___ Membership # _____

Date approved by session: ___-___-___ Date to be received by congregation: ___-___-___