



New Member Information

Member:**Spouse:** Is spouse joining? yes/no

Name: _____

Address: _____

Home Phone: _____ Anniversary: _____/_____/_____

Work Phone: _____

Cell Phone: _____

Occupation: _____

Birthday: _____/_____/_____

Email: _____

Have you ever been ordained as an elder in a PCUSA Church?

Are you joining (check one):

_____ On Profession of Faith

_____ On Profession of Faith

_____ On Reaffirmation of Faith

_____ On Reaffirmation of Faith

_____ On Certificate of Transfer

_____ On Certificate of Transfer

If transferring, give the name and address of the church where you were last a member:

Please list family members living at your address:

Name: _____ Birthday: _____/_____/_____ School grade: _____

Name: _____ Birthday: _____/_____/_____ School grade: _____

Name: _____ Birthday: _____/_____/_____ School grade: _____

Name: _____ Birthday: _____/_____/_____ School grade: _____

EMERGENCY CONTACT INFORMATION SHEET

The information below will be used in case of an emergency

Name: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Other family members living at this address:

Emergency Contact:

Name: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Relationship: _____

Second Emergency Contact:

Emergency Contact:

Name: _____

Address: _____

VITAL HEALTH INFORMATION

The information below will be used in case of an emergency:

Family Physician Name and Number: _____

Specialist Name and Number: _____

Specialist Name and Number: _____

Specialist Name and Number: _____

Hospital Preference: _____

Current Medications:

Current Health Concerns:

Allergies - Food Allergies

Any other relative information: