

Northwest Presbyterian Church

Member Information

Last Name Only:		Home Telephone:	
Address:		Family E-mail Address (This address will be used for any e-mail notifications from the church intended for the whole family):	
City:	Zip:	Subdivision/ Apartment Complex:	
Single <input type="checkbox"/>		Married <input type="checkbox"/>	
		Widowed <input type="checkbox"/>	
		Divorced <input type="checkbox"/>	
HIS Full Name & Title		HER Full Name & Title	
Goes by Name:		Goes by Name:	
Birth Date:		Birth Date:	
Occupation:		Occupation:	
Employer:		Employer:	
Business Phone:		Business Phone:	
Individual or Business E-mail:		Individual or Business E-mail:	
Business Address:		Business Address:	
City:	Zip:	City:	Zip:
How are you joining?		Have you been baptized?	
Profession of Faith <input type="checkbox"/>	Yes <input type="checkbox"/>	Profession of Faith <input type="checkbox"/>	Yes <input type="checkbox"/>
Reaffirmation of Faith <input type="checkbox"/>	No <input type="checkbox"/>	Reaffirmation of Faith <input type="checkbox"/>	No <input type="checkbox"/>
Transfer of Letter <input type="checkbox"/>		Transfer of Letter <input type="checkbox"/>	
Current Church Membership (where applicable):		Current Church Membership (where applicable):	
Church Address:		Church Address:	
City:	Zip:	City:	Zip:
Are you an ordained elder? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you an ordained elder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> PC (U.S.A.) church <input type="checkbox"/> Other _____		<input type="checkbox"/> PC (U.S.A.) church <input type="checkbox"/> Other _____	
Hobbies/Special Interests:		Hobbies/Special Interests:	
List any specific ministries of NWPC in which you are interested:		List any specific ministries of NWPC in which you are interested:	
How long have you attended NWPC?		Have you attended the Exploring NWPC Class? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How did you hear about NWPC?			

PLEASE COMPLETE FAMILY INFORMATION ON BACK

PLEASE COMPLETE FOR ALL OTHER MEMBERS OF YOUR HOUSEHOLD

Full Name:	Goes by Name:
Birth Date: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Baptized? Date Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmed? Date Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to Member:	If confirmed, is he/she joining NWPC? Yes <input type="checkbox"/> No <input type="checkbox"/>
For Children & Youth	
School he/she attends:	Grade:

Full Name:	Goes by Name:
Birth Date: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Baptized? Date Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmed? Date Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
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School he/she attends:	Grade:

Full Name:	Goes by Name:
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