

Membership Renewal Application (1 per family)

Family = mom/dad and child(ren) under 16 years of age

Member's Legal Name _____

Date of Birth _____

Address								
Occupation (optional)		Phone		Email				
Circle one:	Orientation completed?	Yes		No				
Circle one:	Baptized?	Yes		No				
Spouse's Leg	al Name					Date of Bi	rth	
Occupation (optional)		Phone			Email			
Circle one:	Orientation completed?	Yes		No				
Circle one:	Baptized?	Yes		No				
Circle one:	Marital Status?	Single	9	Licensed Marriage		Traditional Marriage		
		Divorced		Widowed	i	Separated		
		Enga	ged	Widow				
Circle one:	Church Service	Hmor	ng	English		Both		
Children's Name			Gender (M o		Date of Birth		Baptized? (Yes or No)	
							1	