



Request for Church Membership

Name(s) _____ Date _____

Name: _____ Cell: _____ eMail _____

Name: _____ Cell: _____ eMail _____

Primary Residence

Address _____

Dates Typically in Primary Residence: From _____ To _____

Land Line (if applicable): _____

Secondary Residence

Address _____

Dates Typically in Secondary Residence: From _____ To _____

Land Line (if applicable): _____

I am joining The Fountains United Methodist by **Transfer of Membership**.

Please contact the United Methodist church below for my letter of transfer:

Pastor _____

Church _____

Address _____

Or:

I am joining The Fountains United Methodist by **Profession of Faith**

I have been baptized I have not been baptized

I am joining as an **Affiliate Member** (member of another UM Church)

I am joining as an **Associate Member** (member of a non-UM Church)

Home Church _____

Address _____

Date of Birth _____

Do you have a current picture on file with the Fountains?

Would you like a Name Tag?