



NEW MEMBER INFORMATION

**263 King Street
Oviedo, FL 32765**

DATE _____

Name: _____
Last First Middle

Preferred Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street City Zip

Mailing Address (if different): _____

Date of Birth: ____/____/____ Baptized: Yes/No - Date & Place: _____

Employment/Occupation: _____

Community Involvement: _____

Current Church Membership: _____
Name of Church

Street of P.O. Box City State Zip

Marital Status: _____ Spouse's Name: _____ Marriage Anniversary ____/____/____

Children at Home (list below):

M/F Grade: ____ Date of Birth: ____/____/____ Baptized: Yes/No (Date: _____)

M/F Grade: ____ Date of Birth: ____/____/____ Baptized: Yes/No (Date: _____)

M/F Grade: ____ Date of Birth: ____/____/____ Baptized: Yes/No (Date: _____)

M/F Grade: ____ Date of Birth: ____/____/____ Baptized: Yes/No (Date: _____)

Other family at home: _____

Time and Talent Opportunities

Previous Church Committees you have served on: _____

Please check areas where you would like to serve:

- I would like to serve in the Youth Ministries of the church
- I would like to serve in Children's Ministries of the church
- I would like to serve with the Young Adult Ministry of the church
- I would like to serve in the Music Ministries of the church
- I would like to serve in the Congregational Care of the church
- I would like to serve in worship services and/or programs of the church
- I would like to serve as an usher or greeter in the church
- I would like to teach or help lead a Bible study or Sunday School class in the church
- I would like to help with the Mission Ministries of the church
- I would like to serve in the office of the church

Please indicate any special talents, abilities or professional skills which you are willing to use periodically in the ministry of First United Methodist Church of Oviedo:
