



Worship • Grow • Serve • Live

Date ___/___/___

Service ___:___

PLEASE PRINT and return to Sandy Drugash

LEGAL First Name _____ Last _____ Nickname _____

Address _____ # _____ City _____ Zip _____

Email _____ Birth date ___/___/___

Home Phone _____ Cell# _____ Work# _____

Place of Employment _____ Position _____

Marital Status _____ Spouse _____ Anniversary ___/___/___

Baptized ___ no ___ yes, at _____ City/State _____

Ethnicity (please circle): Asian, African American, Caribbean, Haitian, Hispanic, Native American, Pacific Islander, White, Multi-Racial

Nearest Relative not living with you _____

Relationship: _____ Phone _____

(If you have children living with you, please enter their information on the back)

Please share your interests and ways you might like to be involved with Anona UMC.

Envelope #s are assigned to givers and envelopes are mailed to you monthly. I prefer to give to the budget ___ weekly ___ monthly or ___ by bank bill pay

() I would like to schedule an appointment to meet with a Minister.

() I give permission to use my name and photo on Membership Sunday.

() I am transferring from another United Methodist Church () Full Membership () Affiliate

Name & Address _____

() I am transferring from another denomination () Full Membership or () Associate

Name & Address _____

() Profession of Faith (I don't currently belong to a church)

Date of Joining ___/___/___ Officiating Pastor _____

Child's Name (first and last)	Gender	Birth Date	Grade	Baptized Date/Church/City/State