



Ghana Calvary United Methodist Church

Oneness... and Peace in Christ!

THE UNITED METHODIST CHURCH

24 N. FULLERTON AVENUE, MONTCLAIR, NJ 07042

FULL PARTICULARS OF CHURCH MEMBERS

Last Name: _____

First Name: _____

Date of Birth: _____

Residential Address: _____

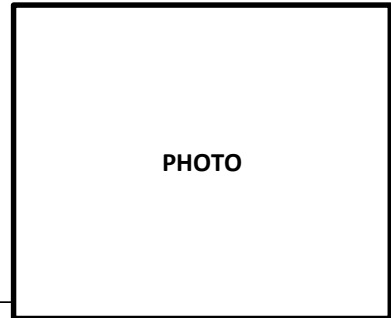
Street name

City

State

Zip Code

Telephone No. (Home) _____ (Cell) _____



Emergency Contact

Contact Name: _____

Contact Tel No. _____

Former Church: _____

Address in Ghana: _____

Spouse's Full Name: _____

Spouse's Tel. No. (Home) _____ (Cell) _____

CHILDREN

1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

3. _____ Date of Birth: _____

4. _____ Date of Birth: _____

5. _____ Date of Birth: _____

6. _____ Date of Birth: _____

7. _____ Date of Birth: _____

MEMBERSHIP COMMITTEE OFFICE USE ONLY

Date Received	Membership No.	Ministry/Committee	Baptized		Confirmed	
			Yes:	No:	Yes:	No:
Membership Committee Chair _____			Sign: _____			
Member's Signature: _____						
Lay Leader: _____			Sign: _____			
Minister: _____			Sign: _____			
Remarks: _____						