

Welcome to Woodridge United Methodist Church

Date: _____

Worship Service you normally attend: 9:00 a.m. _____ 10:30 a.m. _____

Full Name: _____ **What I prefer to be called:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Birth date: _____

Have you been baptized? Yes _____ No _____

Name and address of the church you last held membership: _____

_____ **I have not been a member of another church**

Spouse's full name (if applicable): _____

Child #1 full Name: _____ **Birth date:** _____ **Gender:** _____

Child #2 full Name: _____ **Birth date:** _____ **Gender:** _____

Child #3 full Name: _____ **Birth date:** _____ **Gender:** _____

Child #4 full Name: _____ **Birth date:** _____ **Gender:** _____

Personal Background (e.g. schooling, hometown, other): _____

Current Occupation: _____

Hobbies and Community Activities: _____

Special Talents: _____

Areas where I would like to serve in this church: Education & Family _____

Finance _____ Membership & Evangelism _____ Outreach _____ Staff Parish _____

Trustees _____

Worship _____ Youth Council _____ Preschool Board _____