

Brooks Avenue Church of Christ Membership Information Form

Thank you for helping us to gather information about our church family by taking a moment to complete this form. We have a database for the congregation and would like to collect updated information from every member. Having this information available in a database will better enable the elders and ministers to meet the needs of the congregation, as well as provide a more effective means for generating class rolls, printing church directories, notifying ministry leaders of individuals interested in their ministries, making sure visitors to our services are contacted and welcomed, and other similar administrative and ministerial activities.

Please enter the requested information for your entire family in the section below. The next sections, starting on the following page, will ask for specific information about each family member.

Family Information

Last name _____ Home phone number _____

Address _____

City _____ State _____ ZIP _____

Other ways to reach you		
Contact type (work phone, fax, e-mail, mobile, cell phone, pager/beeper, etc.)	Number	Comments (i.e., to which family member does this number belong, etc.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Alternate address:

Description of alternate address (college address, children's other residence, etc.) _____

Address _____

City _____ State _____ ZIP _____

Send mail (including bulletin) to alternate address instead of primary address.

Please go to the next page to provide information about each family member. Additional copies of the following page are available if you need them.



Please fill out one section below for *each* family member.

*For the “special skills” information in the sections below, please list two or three areas (at most) of skill/expertise in which the individual could be of service to the congregation or to individuals in need. Examples could be carpentry, music, computer skills, teaching/tutoring, auto mechanics, sewing, etc.

Individual Family Member Information

Last name _____ Mr. Mrs. Ms. Miss Dr.
First name _____ Middle initial _____ Preferred name _____
Date of birth _____ Date of baptism _____ Gender Male Female
Special skills* _____
Employer _____
For students: School _____ Grade _____ (K-12, also college levels)
If in college, major/field _____
For children: Allergies _____ Educational needs _____

Individual Family Member Information

Last name _____ Mr. Mrs. Ms. Miss Dr.
First name _____ Middle initial _____ Preferred name _____
Date of birth _____ Date of baptism _____ Gender Male Female
Special skills* _____
Employer _____
For students: School _____ Grade _____ (K-12, also college levels)
If in college, major/field _____
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