Membership Update Form

The information you provide is confidential, only church officials will have access to the information.

NAME: _____ _____ _____
First Name Middle Initial Last Name

ADDRESS: _____

HOME PHONE: _____ **MOBILE PHONE:** _____

PLEASE CIRCLE: SINGLE MARRIED DIVORCE MALE FEMALE

WHEN DID YOU BECOME A MEMBER OF NLMBC? _____/_____/_____

DATE OF BIRTH: _____/_____/_____ **EMAIL:** _____
Month Day Year

ARE YOU ACTIVELY INVOLVED *(Tithe Payer, Member of Ministry(s), Faithful Supporter of Church)* _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

SPOUSE INFORMATION
(Fill out only if spouse is a member of NLMBC)

NAME: _____ **DATE OF BIRTH:** _____/_____/_____

DATE OF JOINING CHURCH: _____/_____/_____ **PHONE NUMBER:** _____

EMAIL: _____**ARE YOU ACTIVELY INVOLVED?** _____

CHILDREN INFORMATION
(Ages 5-18)

Child 1:

NAME: _____

DATE OF BIRTH: _____/_____/_____ AGE: _____ GENDER: _____

Child 2:

NAME: _____

DATE OF BIRTH: _____/_____/_____ AGE: _____ GENDER: _____

Child 3:

NAME: _____

DATE OF BIRTH: _____/_____/_____ AGE: _____ GENDER: _____