



Membership Form

St. Martin Church of Christ, Inc.

 NEW ADD
 UPDATE

Please complete the following information form and return to the Church Administration or any Elder/Deacon. **Please PRINT legibly.**

Member Name:
(Please print)

LAST	FIRST	MIDDLE
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Date of Birth: **Sex:** MALE FEMALE **Age:** **Year that you joined SMCOG:**

Home Address:

STREET ADDRESS	CITY/COUNTY	STATE	ZIP CODE
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Phone #. (home): () **Email Address:**

Phone #. (cell): () **Email Address:**

Phone #. (work): () **Fax#:** ()

Marital Status:
check one

	SINGLE	If you checked MARRIED, please answer the following:	Maiden Name: <input style="width: 100%;" type="text"/>
	MARRIED		Spouse's Name: <input style="width: 100%;" type="text"/>
	DIVORCED		Is Spouse a Member? <input style="width: 100%;" type="text"/>

Children: List the FULL name of your child(ren) and their corresponding age(s):

	AGE		AGE
	AGE		AGE

Emergency Contact Please list the names and number for up to two (2) individuals whom can be contacted in case of emergency

Name: **Phone #1:** () **Phone #2:** ()

Name: **Phone #1:** () **Phone #2:** ()

MEDICAL INFORMATION

List any allergies or medical conditions that may be relevant to a physician in the event of a medical emergency:

DO WE HAVE A PICTURE OF YOU? YES NO **IF WE HAVE NOT TAKEN A PHOTO OF YOU, PLEASE SEE AN ADMINISTRATOR**

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Print Name	Signature Date

If under 18, Parent or Legal Guardian must sign