



Gilead Congregational Church

Adult Membership Information Form

(One form needs to be completed for each family member)

Household Mailing Name: _____

Household Address: _____

Household Phone: _____

E-mail: _____

First Name: _____

Preferred Name (Nickname): _____

Middle Name: _____

Last Name: _____

Suffix (Jr., Sr., II, etc.): _____

Household Primary Church Contact: _____

Relation (husband, wife, partner, etc.) with Household: _____

Birth date: _____ Marriage date: _____

Baptism date: _____ Confirmation date: _____

Membership date: _____ Marital Status: _____

Occupation/Profession: _____ Work Phone: _____

Skills/interests: _____

_____ (see over) _____

JOINING GILEAD CHURCH BY (check one):

_____ **Letter of transfer** from another church where you are currently a member. Please include the name of the church and address, if you have it. We will send a letter to the church letting them know you are transferring your membership.

_____ **Reaffirmation of faith** which means you are baptized, but not currently a member of another church.

OFFERING ENVELOPES

Are available on the table just before you enter the Sanctuary. Please be sure to write your name or number on the envelopes. If you would like a box of envelopes, please speak with our Assistant Treasurer, Jan Smith (860-228-3552).