

# Brighton Methodist Church – Membership Form

## ***Tell us about yourself:***

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_ Have you been baptized? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (street, city, state, zip):  
\_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse Birthday: \_\_\_\_\_

## ***Emergency Contact:***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (street, city, state, zip):  
\_\_\_\_\_  
\_\_\_\_\_

## ***Interests & Past Serving Opportunities:***

Worship & Special Services      Teaching      Community / Cooking / Decorating

Sunday School / Bible Study      Choir      Sound Tech      Usher / Greeter

Other: \_\_\_\_\_

## ***Previous Church History:***

*(Please use this area to provide information of previous congregation, request to transfer membership, and for any other information)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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