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| United Methodist Church  |
| **MEMBER’S INFORMATION** |
| Last Name | First Name | Date of Birth | Date of Membership |
|   |   |   |   |
| Spouse’s Last Name | Spouse’s First Nam | Spouse’s DOB | Date of Membership |
|   |
| Street Address |
|     |
| City | State | Zip Code |
|   |   |   |   |
| Phone: Work | Home | Mobile | Other |
|   |   |
| Date of Wedding Anniversary | Email Address(es)\* |
|  |  |
|  I am receiving the Newsletter: \_\_\_Yes \_\_\_No By: \_\_\_POST \_\_EMAIL  I would like to receive the Newsletter: \_\_\_Yes \_\_\_No By: \_\_\_POST \_\_EMAIL \*Please circle the email address(es) to which we should send the newsletter  |
| **Dependents - Living IN Your Home**(adult children NOT living in your home need to fill out a separate form)  |
| 1. First Name/Last Name | email address (if different from above) |
|   |   | * o
 |
| Date of Birth | Date of Membership (if confirmed) | Male or Female |
|   |   |
| 2. First Name/Last Name | email address (if different from above) |
|   |   | * o
 |
| Date of Birth | Date of Membership (if confirmed) | Male or Female |
|   |   |
| 3. First Name/Last Name | email address (if different from above) |
|   |   | * o
 |
| Date of Birth | Date of Membership (if confirmed) | Male or Female |
|   |   |
| 4. First Name/Last Name | email address (if different from above) |
|   |   | * o
 |
| Date of Birth | Date of Membership (if confirmed) | Male or Female |
|  |  |  |
| **Please Note:** Your work phone will not be included in the Church Directory but will **ONLY** be used for emergency purposes such as a church service cancellation. If you do not have a home/land line phone then your Mobile phone will be used as your primary contact number.***Please turn your application back into the Church Secretary when you’re finished. Thank you and God Bless you.*** |

**McKownville**

1565 Western Avenue Albany, NY 12203 (518) 456-1148 www.mckownvillechurch.org