

GRACE CROSSING MEMBER INFORMATION FORM

Today's Date: ____/____/____

We are honored and excited that you have placed membership with Grace Crossing, A Community Church of Christ. We hope you have already discovered that we are a dynamic, generous church. Our strength is rooted in active, involved Christians using their talents to glorify God. We all have different gifts and different ways to serve, but God works in us in everything we do (1 Corinthians 12:4-7).

We ask that you please fill out the following information for each family member. Of course, you can skip any question that asks for information you would rather not share. Additional forms are available if you need them. You can return the completed form into the church office, or give it to our Connecting Minister, Eddie Boyer, next Sunday. Thank you.

Last Name: _____	First Name: _____	Middle Name: _____
Nick Name: _____	Title: Mr. Mrs. Miss Ms. Dr.	Marital Status: Single Married Divorced Widowed
Address: _____	Apt. #: _____	
City & State: _____	Zip: _____	
Home Phone: _____	Subdivision: _____	
Have you been baptized? Yes No	Date if Known _____	Birth Date: ____/____/____
Blood Type*: _____	Donor: Yes No	
Employer: _____	Position: _____	
Work Phone: _____	Cell Phone: _____	
Primary Email Address : _____		
Other Email Address : _____		
Currently Involved in the Following Ministries: _____		

Interested in being Involved in the Following Ministries: _____		

Last Name: _____	First Name: _____	Middle Name: _____
Nick Name: _____	Title: Mr. Mrs. Miss Ms. Dr.	Marital Status: Single Married Divorced Widowed
Baptized? Yes No	Date If known: _____	Birth Date: ____/____/____
Wedding Anniversary: ____/____/____	Blood Type*: _____	Donor: Yes No
Employer: _____	Position: _____	
Work Phone: _____	Cell Phone: _____	
Primary Email Address : _____		
Other Email Address : _____		
Currently Involved in the Following Ministries: _____		

Interested in being Involved in the Following Ministries: _____		

Please include college students away at school.

Last Name: _____ First Name: _____ Middle Name: _____
Nick Name: _____ Birth Date: ____/____/____ Gender: Male Female
Baptized? Yes No Date If Known: _____
School: _____ Grade: _____
Email Address: _____
Interest and Hobbies: _____

Last Name: _____ First Name: _____ Middle Name: _____
Nick Name: _____ Birth Date: ____/____/____ Gender: Male Female
Baptized? Yes No Date If Known: _____
School: _____ Grade: _____
Email Address: _____
Interest and Hobbies: _____

Last Name: _____ First Name: _____ Middle Name: _____
Nick Name: _____ Birth Date: ____/____/____ Gender: Male Female
Baptized? Yes No Date If Known: _____
School: _____ Grade: _____
Email Address: _____
Interest and Hobbies: _____

Last Name: _____ First Name: _____ Middle Name: _____
Nick Name: _____ Birth Date: ____/____/____ Gender: Male Female
Baptized? Yes No Date If Known: _____
School: _____ Grade: _____
Email Address: _____
Interest and Hobbies: _____

Last Name: _____ First Name: _____ Middle Name: _____
Nick Name: _____ Birth Date: ____/____/____ Gender: Male Female
Baptized? Yes No Date If Known: _____
School: _____ Grade: _____
Email Address: _____
Interest and Hobbies: _____

*Information on Blood Type used for Grace Crossing Blood Drive Purposes ONLY.

This form is also available on line at www.gracecrossing.net