



# PLEASE PRINT

## Membership Information Update

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

e-mail address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

<b>ETHNICITY:</b>	1. Caucasian	5. Native American/First Nation
	2. African American/African Descent	6. Middle Eastern
	3. Hispanic	7. Other
	4. Asian/Pacific Islander	

### If applies:

Spouse name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

e-mail address: \_\_\_\_\_

Spouse Birthdate: \_\_\_\_\_ Baptized member: Y N

Anniversary date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Children:			Baptized
Name: _____	M/F	Birthdate: _____	Y N
Name: _____	M/F	Birthdate: _____	Y N
Name: _____	M/F	Birthdate: _____	Y N
Name: _____	M/F	Birthdate: _____	Y N
Name: _____	M/F	Birthdate: _____	Y N