



4115 Alabama Avenue, Southeast
Washington, DC 20019-5602

MEMBERSHIP REGISTRATION FORM

Envelope Number: _____

Date: _____

Diaconate Group: _____

Title: Reverend Minister Deacon Deaconess Trustee Mr. Mrs. Other _____

First Name: _____ Middle: _____ Last: _____ Suffix: _____

Address: _____

City/State/Zip: _____ Date of Birth: ____ / ____ / ____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Please indicate preferred phone number.

Personal Email Address: _____ Work Email Address: _____

Please indicate preferred email address.

Would you like to have your contact information listed in the online directory? Yes No

Employer or School Name: _____

Occupation: _____

Do you donate electronically? Yes No Would you like to receive information on e-giving? Yes No

Contributions: Individual Combined with Spouse

Would you like your end of year financial statement emailed or held at the church for pick-up?

Marital Status: Single Married Separated Divorced Widowed Anniversary Date: ____ / ____ / ____

If applicable, Spouse's Name: _____ Member of TNMBC?: Yes No

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

For Youth Only

Parent's/Guardian's Name(s): _____

Parent's/Guardian's Phone Number: _____

Members of TNMBC?: Yes No

Date of CTP 101: _____

Date Photo Taken: _____