



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: _____