



New Member Information Form

This form is to be completed by all persons requesting to be a member of Saxe Gotha Presbyterian Church. Please complete all areas that apply to you. Upon completion of this form, please return to Membership Director.

New Member Name(s)

1. Please circle one: Mr. / Dr. / Miss / Mrs. / Ms.

2. Please circle one: Mr. / Dr. / Miss / Mrs. / Ms.

FIRST MIDDLE LAST SUFFIX (if applicable)

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*Birthday: _____

*Birthday: _____

Marital Status: Married Single Divorced Separated Widow(er)

Contact Information

Mailing Address: _____

City, State, Zip Code: _____

Physical Address: _____
(leave blank if same as mailing address)

City, State, Zip Code: _____

Physical address in subdivision? Yes No If yes, name of subdivision? _____

Home Phone: _____

Cell Phone: _____

Home Email: _____

Profession: _____

Work Phone: _____

Work Email: _____

- Joining By: Baptism/Profession of Faith
 Reaffirmation of Faith
 Transfer of Church Letter

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Prior Church: _____

Address: _____

City/State: _____

**So that we may stay connected with you, please advise the church of any future changes to your contact information. Thank you!*

Children

Child's Name	Birthday	Grade	School

Interests

***I am interested in being a (please check all that apply):**

These ministries serve once every 6 weeks .

Greeter

(Please select a service)

- 8:30 a.m. Traditional Service
- 11:00 a.m. Traditional Service
- 11:00 a.m. AWE Service

Usher

(Please select a service)

- 8:30 a.m. Traditional Service
- 11:00 a.m. Traditional Service
- 11:00 a.m. AWE Service

CREW (parking lot assistant)

(Please select a service)

- 8:30 a.m. Traditional Service
- 11:00 a.m. Traditional Service
- 11:00 a.m. AWE Service

***I would like to join a (please check all that apply):**

- Small Group
- Sunday School Class
- Sunday / Wednesday Evening Class

***I would like to receive the weekly church newsletter by email:** Yes No

***How can we help you grow and feel at home in your new church home?** _____

***Who do you know that is a member here at Saxe Gotha?** _____

***We would like to take your picture on the Sunday you join the church and place it in our membership database and also in our newsletter. Along with your photo, we would like to share something about you and/or your family with your new church family (Did you recently move to Lexington, if so from where?, etc.). What would you like us to know about you?** _____

OFFICE USE ONLY

- Copy to PF
- Join Date: ____/____/____
Service Time: _____
- Change to Member in ACS
- Envelope number _____ assigned.
- Enter Information in Red Book.
- Assigned to F.I.S.H. Team _____
- Transfer request sent on: ____/____/____

JOINED BY BAPTISM

- Baptized on ____/____/____
- Baptized by _____