

**CHURCH MEMBER INFORMATION SHEET
MEMORIAL UNITED METHODIST CHURCH
250 BRYANT AVENUE
WHITE PLAINS, NY 10605**

(Please complete **ALL INFORMATION** and return to the church office)

_____ Mr/Mrs/Ms

Last Name First Name Middle Initial Circle One Maiden Name

Street Address City State Zip

Mailing Address (if different than above) Birth Date

Home Phone *Work Phone *E-mail

Choose One : Head of Household Spouse

Children's School Grade _____

Baptism Date

Membership Date

Marriage Date

Occupation *Employer _____

Emergency Contact _____

Relationship _____

Tel. No. _____

Present Committees or Boards

Skills & Interests

Dietary Restrictions or Concerns (i.e. food allergies, medical concerns, vegetarian/vegan)
To help educate congregants to prepare foods with notations of ingredients harmful to you:

Optional (additional space)