

Membership Information Form

Desire to join Trinity? Yes No

Areas not in bold are not required, but if you have this information, it is helpful.

man

first name middle name last name

street address p.o. box

city state zip

email address

home phone work phone

occupation employer

birthdate city/state

nickname

Marital Status:
 Single Married Divorced

date married

Baptized: No Yes

date church city/state

Confirmed: No Yes

date church city/state

woman

Desire to join Trinity? Yes No

first name middle name last name (with maiden name)

street address p.o. box

city state zip

email address

home phone work phone

occupation employer

birthdate city/state

nickname

Marital Status:
 Single Married Divorced

date married

Baptized: No Yes

date church city/state

Confirmed: No Yes

date church city/state

children

first name middle name last name nickname

birthdate city/state

grade in school **Joining Trinity?** Yes No

Baptized: No Yes

date church city/state

Confirmed: No Yes

date church city/state

first name middle name last name nickname

birthdate city/state

grade in school **Joining Trinity?** Yes No

Baptized: No Yes

date church city/state

Confirmed: No Yes

date church city/state

first name middle name last name nickname

birthdate city/state

grade in school **Joining Trinity?** Yes No

Baptized: No Yes

date church city/state

Confirmed: No Yes

date church city/state

previous records

Send for transfer? Yes No

for (names)

church

address

city

state zip

Received into Trinity by: **Office Use**
 Transfer Affirmation Reinstatement



trinity

Love. Transform. Serve.