

Office Use: Profession of Faith
Or Transfer?

**MILFORD UNITED METHODIST CHURCH
Church Membership Registration**

Your name: _____

Address: _____

Phones: A) _____

B) _____

C) _____

Email: _____

Have you been a member of another church? Yes No

Have you been baptized? Yes No

If yes, Place _____ Date _____

Are you currently a member of another church? Yes No

If yes, what church? _____

How did you choose Milford United Methodist Church?

What questions or topics would you most like us to address in membership orientation?

BIOGRAPHICAL INFORMATION

Please help me introduce you to the Church Family.

Your name:

Family information:

Occupation/Special Interests/Hobbies:

Anything else?

Do you need a name tag? Yes No

Do you need offering envelopes: Yes No