**IRM Membership Form 2021**

**Today’s Date:** Click or tap to enter a date.

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| **Preferred Title** (Check One): Mr. Mrs. Ms. Rev. Dr. |
| **Marital Status** (Check One):  Married Divorced Single Widowed |
| **Name**: |
| **Date of Birth:** Click or tap to enter a date. |
| **Street Address:**Click or tap here to enter text. **Apt** #: |
| **City**:      **State:**      **Zip Code**: |
| **Home** #:       **Cell** #:        **E-mail**: |
|  |
| **Spouse Name**:       **Date of Birth**: Click or tap to enter a date. |
| **Wedding Anniversary**: Click or tap to enter a date. |

*\*If you have joined this ministry and are under the age of 18 years old, you are considered a minor, we are required to have your parents/legal guardians contact information.*

(**First Name, Last Name**):      **Home / Cell** #:

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| **Gender** (Check One): Male Female |
| **Ethnicity** (Check One): African American Asian Caucasian Hispanic Other |

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| **How Did You Hear About Us?** (Check One):  Friend Radio Website  Print Ad Television Other |
| **Reason for Joining** (Check All that Apply): Christian Relationships Ministry Opportunities Relocation  Spiritual Growth Teaching/Doctrine Worship Experience Other |

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| **Have you been baptized?** (Check One) Yes No |
| **Date of Baptism**: |
| **Name of Church previously attended** (include City & State): |

**EMERGENCY CONTACT INFORMATION**

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| **Any medical conditions we should be aware of**: |
| **Is this person a:** **Member**  **Pursuing Membership**  **Non-member** |
| **Name**:       **Relationship**: |
| **Home** #:       **Cell** #: |

**Children Ages 0 to 17 years that are currently in household**

**Last Name First Name Gender Date of Birth (Month/Day/Year)**

                  Click or tap to enter a date.

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**Membership Classes** - All members are asked to complete both classes within the first 30 days of joining the

ministry. Membership classes must be complete before new members are able to participate in any ministry/auxiliary.