



MEMBERSHIP PROFILE QUESTIONNAIRE

	HEAD OF HOUSEHOLD	SPOUSE
Title: (Circle one)	Mr. Mrs. Miss Ms. Other _____	Mrs. Other _____
Name: (First, Middle, Last) (Please give - Legal Name)		
Preferred or Nickname:		
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday: (yr. optional)	Date: ____/____/____	Date: ____/____/____
Age Group:	Teen <input type="checkbox"/> , 20-29 <input type="checkbox"/> , 30-39 <input type="checkbox"/> , 40-49 <input type="checkbox"/> , 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> , 70-79 <input type="checkbox"/> , 80-89 <input type="checkbox"/> , 90+ <input type="checkbox"/>	Teen <input type="checkbox"/> , 20-29 <input type="checkbox"/> , 30-39 <input type="checkbox"/> , 40-49 <input type="checkbox"/> , 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> , 70-79 <input type="checkbox"/> , 80-89 <input type="checkbox"/> , 90+ <input type="checkbox"/>
Address:	_____	_____
City, State, Zip:		
Previous Church Home: from _____ to _____	_____	_____
Address:	_____	_____
City, State, Zip:		
Bulletin Preference:	___ Mailed ___ Emailed ___ Both	___ Mailed ___ Emailed ___ Both
Higher Education: (Where and Degree(s) if any)		
Home Phone:	() - _____ check if unlisted <input type="checkbox"/>	() - _____ check if unlisted <input type="checkbox"/>
Work Phone:	() - _____	() - _____
Cellular #:	() - _____	() - _____
Email Address:		
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Remarried <input type="checkbox"/> Widowed <input type="checkbox"/>	Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced & Remarried <input type="checkbox"/>
Wedding Anniversary:	Date: ____/____/____	
Occupation:		
Employer:		
Religious Background:		
Baptized:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____
If Baptized – (What Church or Place did this occur)		

Membership Profile Questionnaire

MEMBERSHIP REQUEST ACCEPTED

Continued On Other Side

Interviewer(s)

Date



	HEAD OF HOUSEHOLD	SPOUSE
Personal Interest:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Skills:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

CHILDREN IN YOUR HOME

Name: (First, Middle, Last)	Birthday	Grade	Baptized	Sex (M or F)
	Date: ____/____/____		yes <input type="checkbox"/> Date: ____/____/____	
	Date: ____/____/____		yes <input type="checkbox"/> Date: ____/____/____	
	Date: ____/____/____		yes <input type="checkbox"/> Date: ____/____/____	
	Date: ____/____/____		yes <input type="checkbox"/> Date: ____/____/____	
	Date: ____/____/____		yes <input type="checkbox"/> Date: ____/____/____	

Personal Comments/Needs:

Interviewer(s)

Date

2/1/2021