



Membership Information

Chester United Methodist Church
12132 Percival Street, Chester, VA 23831
(804) 748-6006

Name _____ **Phone #** _____
First Middle/Maiden Last Cell Phone # _____

Address _____

E-mail address _____ Preferred Name _____

Date of Birth _____ Have you been baptized at any time in your life? Yes ___ No ___

Employment _____ Work Phone _____

Occupation (Former if Retired) _____

Training/Degree _____

Top 3 Spiritual Gifts 1) _____ 2) _____ 3) _____

Interests _____

Church Membership _____

Pastor _____

Address _____

Marital Status _____ If married, anniversary date _____

Spouse _____ **Phone** _____
First Middle/Maiden Last Cell Phone # _____

Address _____

E-mail address _____ Preferred Name _____

Date of Birth _____ Have you been baptized at any time in your life? Yes ___ No ___

Employment _____ Work Phone _____

Occupation (Former if Retired) _____

Training/Degree _____

Top 3 Spiritual Gifts 1) _____ 2) _____ 3) _____

Interests _____

Church Membership _____

Pastor _____

Address _____

(Please complete backside of form)

Our Mission: Rooted in God, Growing in Christ, Bearing Fruit in the Spirit

Children

Child's Full Name	Date of Birth	Baptism: Date & Where	School Grade	School Attending

Other Information: _____

Next of Kin
 Name _____ Phone _____ Relationship _____
 Address _____

How would you like to receive the following information:

Meeting Notices	Newsletter	Statements
<input type="checkbox"/> email	<input type="checkbox"/> email	<input type="checkbox"/> email
<input type="checkbox"/> phone	<input type="checkbox"/> U.S. mail	<input type="checkbox"/> U.S. mail
<input type="checkbox"/> U.S. mail		
<input type="checkbox"/> Text Message		

Would you like to receive Prayer Chain notices:
 No Thank You
 Yes, at this email _____

Preferred Method for Financial Contribution: Check On Line Automatic Withdrawal

Office Use

Chester Chum _____