

Joined Trinity United Methodist Church by:

___ Transfer from another United Methodist Church

(Please list where. Church and Address)

___ Received from another denomination

___ Profession of Faith and Baptism

___ Desires Affiliate or Associate Membership (circle one)

How did you hear about Trinity United Methodist Church: _____

Children (Under 18 years of age)

Name Preparatory/Member Date of Birth

Name Preparatory/Member Date of Birth

Name Preparatory/Member Date of Birth

List Special Interest Areas: e.g. Choir, Teaching Sunday School, Missions and Outreach, etc.

Anyone need to be Baptized? Confirmed? _____

Welcome!



TRINITY

United Methodist Church

6800 Wurzbach Road
San Antonio, TX 78240-3830
210-684-0261
www.tumcsa.net

**New Member
Information Form**

New Member Information Form

Date Joined:

Faith Friend:

(The person who may have invited you to Trinity).

Please fill out all the blanks (Please Print)

Name

Date of Birth

Name (Spouse)

Date of Birth

Wedding Anniversary: _____

*(Please return this form to
Trinity United Methodist Church. Thank you)*

Address: number and street

City, State and Zip Code

Occupation: Yours / Spouse

Home Number: _____

Work Number: Yours / Spouse

Cell Number: Yours / Spouse

E-mail: Yours

Email: Spouse

Marital Status: Married Single
(circle please) Divorced Widow/er

Baptized: Date

Where: Church and Address