Church of the Palms Membership Information

Please complete this form so that we can stay in touch with you (Please Print)

Date of Membership: _____

Name:		
Are you joining as (circle one)	Member	Associate Member
Spouse/Partner Name if any		
Phone: Home		Mobile:
Local Address		
What months are you here? :		ter Address
Birthdate:	E-mail: _	
Local Emergency Contact Person_		Phone:
Relation to you:	Does	this person have a key to your house
Closest living relatives are		
Address(s) and Phone #(s)		
Person I have designated to make	medical decis	ion if incapacitated (Power-of-attorney, etc)
Name		Phone
Address		
Person I have designated to manaç	ge the financia	al affairs if incapacitated
Name		Phone
Address		
Primary medical physician/s		
Phone Number(s)		
Other information you think might b	e important_	

Other Info	rmation you may	or may not want to co	onvey to the church			
Where we	re you born?					
What chur	ch did you come	irom if any (Name &	State)			
What was your former profession?						
What are	you currently profi	cient at?				
Do you ha	ve any hobbies?					
When did	you move to Sun	City?				
What brou	ight you to the Ch	urch of the Palms? _				
)		
Would you We have r	u like to have som	e help in working on the Pa	any problems you are	facing? of the ways that you can e about any of these activities,		
just circle		-				
Usher	Greeter	Golf cart driver	Curb side service	Bus driver		
•	oir or instrument)	Hospitality	Care Team	Rummage sale		
Here are t	the Boards and (committees at this o	church. If interested	please circle		
Board of Deacons Board of Stewards Board of Mission and Outreach Board of Evangelism and Growth Budget Committee Personnel Committee Pastoral Relations Committee			Board of Trustees Board of Christian Nurture and Education Board of Finance & Investment Board of Worship & Fine Arts Nominating Committee Ecumenical Committee Technical/Digital Committee			
	•	folder on as many mo ant. i.e. Will, Power o	•	his will go into the folder as wel		
Signed:			Date:			