



United Methodist Church

Striving for the Extraordinary; in Loving, Serving & Growing

MEMBERSHIP FORM

TRINITY UNITED METHODIST CHURCH

901 E Neal Ave, Salina, KS 67401

www.triumc.org • 785.825.5270

NEW MEMBER ADULT (1)

NAME: _____
(Last, First, Middle, & Preferred Name)

ADDRESS: _____
(City/State/Zip)

PHONE: _____ E-MAIL: _____
(Circle: Cell / Landline)

D/O/B: _____ GENDER: _____
(Date of Birth) (Male / Female / Neutral)

MARITAL STATUS: _____
(Single/Couple/Married/Divorced/Widow)

ANNIVERSARY DATE: _____ BAPTISED DATE: _____

MEMBER OF ANOTHER CHURCH: _____

(address of previous church membership: City/State/Zip)

Signature: _____ Date: _____

GET INVOLVED

I would like to receive the **Trinity eBlast**: Circle One: Yes / No **Trinity TTT**: Circle One: Yes / No

I would like to receive the **Trinity Newsletter**. Yes—U.S. mail / Yes— via e-mail / No

I am interested in Volunteering: Circle One: Yes / No

Please list areas you are interested in serving: _____

(Such as: Communion / Greeting / Ushering / Office Help / Choir / Sunday School Teacher, etc.)

How did your family learn about Trinity United Methodist Church?

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NEW MEMBER ADULT (2)

NAME: _____
(Last, First, Middle, & Preferred Name)

ADDRESS: _____
(City/State/Zip)

PHONE: _____ E-MAIL: _____
(Circle: Cell / Landline)

D/O/B: _____ GENDER: _____
(Date of Birth) (Male / Female / Neutral)

MARITAL STATUS: _____
(Single/Couple/Married/Divorced/Widow)

ANNIVERSARY DATE: _____ BAPTISED DATE: _____

MEMBER OF ANOTHER CHURCH: _____

(address of previous church membership: City/State/Zip)

Signature: _____ Date: _____

GET INVOLVED

I would like to receive the **Trinity eBlast**: Circle One: Yes / No **Trinity TTT**: Circle One: Yes / No

I would like to receive the **Trinity Newsletter**. Yes—U.S. mail / Yes— via e-mail / No

I am interested in Volunteering: Circle One: Yes / No

Please list areas you are interested in serving: _____

(Such as: Communion / Greeting / Ushering / Office Help / Choir / Sunday School Teacher, etc.)

How did your family learn about Trinity United Methodist Church?

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CHILD (1)

NAME: _____
(Last, First, Middle, & Preferred Name)

ADDRESS: _____
(City/State/Zip)

PHONE: _____ E-MAIL: _____
(Circle: Cell / Landline)

D/O/B: _____ GENDER: _____
(Date of Birth) (Male / Female / Neutral)

CONFIRMED DATE: _____ BAPTISED DATE: _____

Emergency Contact Information: _____

(Name / Phone Number / Relationship to Child)

CHILD (2)

NAME: _____
(Last, First, Middle, & Preferred Name)

ADDRESS: _____
(City/State/Zip)

PHONE: _____ E-MAIL: _____
(Circle: Cell / Landline)

D/O/B: _____ GENDER: _____
(Date of Birth) (Male / Female / Neutral)

CONFIRMED DATE: _____ BAPTISED DATE: _____

Emergency Contact Information: _____

(Name / Phone Number / Relationship to Child)