

Fellowship of Faith Church International
Member Information Form

Today's Date: _____

Mr. _____ **Mrs.** _____ **Ms.** _____ **Miss** _____ **Visitor** or **Member** (circle one) **Child Under 18?** _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail Address:** _____

(Can we text you at this number, or would you prefer email?) _____

CASHAPP Handle(s) _____

PUSH PAY Handle(s) _____

Date of Birth: ____/____/____ (mm/dd/yyyy) **Gender (check one):** **Male** _____ **Female** _____

Emergency Contact Info: Name _____ Telephone No. _____ Relationship _____

Date You Joined The Fellowship of Faith Church International (If known): _____

Marital Status (check one): **Single** _____ **Married** _____ **Divorced** _____ **Widowed** _____ **Separated** _____

Spouse's Name (if applicable): _____

Spouse's Cell Phone: _____ **Work Phone:** _____ **Ext.** _____

Spouse's E-mail Address: _____

Spouse's Date of Birth: ____/____/____ (mm/dd/yyyy)

Is your Spouse a Member of FFC? ____ **Yes** ____ **No.** ____ **If so, date Spouse joined** (If known): _____

Children's Names: _____
(17 and under) _____

Date of Birth: ____/____/____
Date of Birth: ____/____/____
Date of Birth: ____/____/____
Date of Birth: ____/____/____
Date of Birth: ____/____/____

Are you currently in the Armed Services? _____
If so, what branch of the military? _____

Is there a member of your household in the Armed Services? _____
If so, their name: _____ e-mail address: _____
What branch of the military? _____
What is their relationship to you? _____