

Church Membership Form



ADVENT
UMC

Connect Grow Serve

Advent United Methodist Church
3945 Lexington Avenue S.
Eagan, MN 55123
651.454.3944
info@advent-umc.com

Today's Date: _____

Adult Household Member Name: _____

Preferred Name (Nickname): _____

Birth date: _____

If known: Your Baptism Date and Church Name (if known)

Adult Household Member Name: _____

Preferred Name (Nickname): _____

Birth date: _____

If known: Your Baptism Date and Church Name (if known)

Household Mailing Address: _____

City: _____ Zip Code: _____

Preferred Phone Number: _____

May we text you? _____ Yes _____ No

Preferred household email address: _____

Second email address (indicate for whom) _____

Email is used to send the weekly Advent Connect, Prayer Requests, and occasional special emails (church closings due to weather, etc.)

Children joining with you? List dependent children.

Child's Name	Birthdate	Baptized?	Church location

If you or your child would like to be baptized, please let us know and we will schedule that with you.

Please note your name and any special areas of interest, skills, hobbies or ways you would like to participate in the ministries of Advent UMC.

Additional comments:

OFFICE USE ONLY	
Adult 1	
_____ Confession of Faith	_____ Reaffirmation _____ Transfer from another UMC
_____ Transfer from another denomination	
If by transfer, please indicate the following:	
Church _____	
Address: _____	
City: _____	State: _____ Zip code: _____
Adult 2	
_____ Confession of Faith	_____ Reaffirmation _____ Transfer from another UMC
_____ Transfer from another denomination	
If by transfer, please indicate the following:	
Church _____	
Address: _____	
City: _____	State: _____ Zip code: _____