First Presbyterian Church of Rumson

P.O. Box 399

East River Road at Park Avenue Rumson, New Jersey 07760 (732) 842-0429 • Fax (732) 933-4918 www.rumsonpresbyterian.org

MEMBERSHIP FORM

Date:		_		Date Rece	ived into Membership _	(Office Use Only)
NameLast Date of Birth				First	Middle or M	Maiden
Home Address						
Home Telephone					siness Telephone	
Cellphone				Email address		
If married: Name of Spouse	_					
Name (s) of Children:		Birth Date:		Date:	Baptized (Yes or No) Grade	
		_				
		_			_	
Have you been baptized?		Yes			No	
I wish to unite by:	Profession of Faith - (If you are uniting with a church for the first time)					
	Reaffirmation of Faith - (If you were once a member of a church, but are not now active in that or any church)					
	Letter of Transfer - (If you are currently a member of another church)					
	Name of church					
	Addres	SS				

PERSONAL HISTORY:

1.	Place of Birth
2.	Recent places you have lived
3.	Hobbies, Interests, Community Service
4.	Service to church (if any) including ordination as deacon or elder
5.	Occupation, Profession, Employer (This is optional, but sometimes helps to link membership with similar work interests)
6.	Hopes for church service here, (e.g. Music, Choir or instrumental, teaching, board or committee, social or recreational)
7.	Brief statement of reason for joining, or any other personal statement that will help un
	integrate you into our church life.
known in Jesu	the First Presbyterian Church of Rumson, New Jersey, I profess faith in God's love made s Christ. By God's grace I will be responsive to various ways in which I may serve Christ g of God's Spirit in my life and in our world.
Signature	
Date	