

St. Timothy Community Church

Membership Information Form

2018-2019

Name: _____

Street Address: _____

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

Home# _____ **Cell#** _____

Work# _____ **Email:** _____

Emergency Contact Person(s):

Name	Relationship	Phone#
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1. _____

2. _____

Additional Household Family Names:

1. _____

2. _____

3. _____

4. _____

5. _____

List Church Activities/ Ministries you involved in and role.

4. _____

5. _____

6. _____

List any additional skill or gift sets/ educational degrees

1. _____

2. _____

3. _____

4. _____

Feedback: *(use the back of this form for responses)*

If you were to change something about your church, what would it be?

****Please return this form to church office on or before 12/23/18**