



MEMBERSHIP INFORMATION UPDATE FORM

Help us stay up to date with You and Your Family!

(Please fill out your full name AND any other sections to be updated)

Today's Date _____

Name _____
First Middle Last Prefer to be called

Fill out each section below that you want to update.
(Please fill out the Date and Name section above before submitting)

ADDRESS/CONTACT

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if Different) _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Cellular Phone (____) _____ - _____ E-mail: _____

MARITAL STATUS/OCCUPATION

Marital Status: child under 18 divorced married* separated single +18 widowed**

*Wedding Anniversary Date: _____ **Spouse Deceased Date: _____

Occupation _____ Employer/Business _____

EMERGENCY

Emergency Contact Person _____ Relationship to Member _____
(example: spouse, parent, grandparent, aunt, uncle, friend, etc)

Phone (____) _____ - _____

2nd Emergency Contact Person _____ Relationship to Member _____
(example: spouse, parent, grandparent, aunt, uncle, friend, etc)

Phone (____) _____ - _____

ADD/REMOVE CHILD (Please Add any new additions to the family | Please remove children 18 or older, unless in college, from your file)

NAME _____
First Middle Last Prefer to be called

Date of Birth ____ / ____ / ____ Gender (check): male female
month day year

Member Status: attending only child of member contributor only member non-resident member spouse of member

Baptized? yes no Date of Baptism _____

School: Preschool Elementary School Middle School High School Technical College