

Lakes United Methodist Church

501 2nd Street
Lake View, IA 51450
712-665-2972
www.lakesumc.weebly.com



REQUESTING MEMBERSHIP

Name: *(first, middle, last)* _____

Male Female

Mailing Address: _____

City/State/Zip: _____

E-mail Address: _____

Phone #: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____

Place of Baptism: *(Church, City, St.)* _____

Date of Confirmation: _____

Place of Confirmation: *(Church, City, St.)* _____

Church membership: *(Church, City, St.)* _____

Marital status: _____

If married, spouse name: _____

If married, date of marriage: _____

Child's name & age: *(first, middle, last, age)* _____

Child's name & age: *(first, middle, last, age)* _____

Child's name & age: *(first, middle, last, age)* _____

Who else lives in your home: _____

Special skills, interests: _____

Ways you would like to become involved: _____

Other: _____