



# Metropolitan NTM Baptist Church

Reverend Dr. Damone Paul Johnson, Senior Pastor

## MEMBERSHIP INFORMATION UPDATE FORM

### INSTRUCTIONS

**ALL MEMBERS:** Please complete this form (even if you believe your information is currently updated) and submit the completed form to an **Usher** or to the **Church Clerk's Office**.

### MEMBER INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Joined (if known): \_\_\_\_\_ Member/Envelope No. \_\_\_\_\_

Occupation (optional): \_\_\_\_\_

### SPOUSE AND CHILDREN (please list – use the back if needed for additional names)

Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Metropolitan Member?

Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Metropolitan Member?

Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Metropolitan Member?