

METROPOLITAN NTM BAPTIST CHURCH DIRECTORY MEMBER INFORMATION SHEET

Main Contact Information

Your Name: _____ Marital Status: Married Single Widowed

Address Line 1: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____ Email Address: _____

Spouse's Work Phone: _____ Spouse's Email Address: _____

Your Date of Baptism: ____/____/____ Date of Marriage (if applicable): ____/____/____

Do You Want A Yearly Financial Statement? Yes No

Do you want your address to be made public to the church membership? : Yes No

Do you want your phone number made public to the church membership? : Yes No

Do you want a photograph of yourself/family to be made public to the church membership? Yes No

Additional Information

Please complete information below for all individuals in your household that are members of Metropolitan NTM Baptist Church

Names	Gender	Birth date	Age	Date Joined	How Joined (Baptism, Christian Experience, Reinstatement)	Offering Envelope No#	Occupation	Family Position (Head of Household, Spouse, Child, etc.)

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Organizations

Check the organizations you and your family members participate in and list EACH person's name (very important)

Metropolitan Church Choir	
Male Chorus	
Drake (Young People) Choir	
Praise Team	
Metro Stars (Children's Choir)	
Sunday School	
Edna L. Hamilton Mission (Senior Mission)	
Home Mission	
Laymen Auxiliary	
Stewardship Committee	
Progressive 500	
Scholarship Committee	
Building Fund Committee	
Host and Hostess	
Membership Follow-Up	
Nurse's Auxiliary	
Pastor's Aide	
Deacon	
Deaconess	
Trustee	
Senior Usher	
Youth Ushers	
Finance Committee	
Security Committee	
Bowling Team	
Kitchen Committee	
Childhood Participation (Presenters)	
Youth Participation/Dept.	
Other (Please Specify): _____	