

WELCOME TO TREE OF LIFE CHURCH!

(For Office Use) DATE OF MEMBERSHIP INTO TLC _____

SPONSOR'S NAMES _____

Please complete the following information about yourself and your family.

NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

EMPLOYER _____ POSITION _____

IS IT OKAY TO CALL YOU AT WORK? _____ YES _____ NO

DATE OF BIRTH _____ PLACE OF BIRTH _____

PARENTS' NAME _____

DATE OF BAPTISM _____ CHURCH WHERE BAPTIZED _____

IF YOU HAVE NOT BEEN BAPTIZED, PLEASE CHECK HERE _____

DATE OF CONFIRMATION _____ CHURCH WHERE CONFIRMED _____

IF YOU HAVE NOT BEEN CONFIRMED, PLEASE CHECK HERE _____

BEFORE COMING TO TREE OF LIFE, I BELONGED TO _____

SPOUSES NAME _____ DATE OF WEDDING _____

DO YOU BELONG TO ANY CLUBS, SOCIETIES, PROFESSIONAL AFFILIATIONS, ETC...

DO YOU ENJOY ANY ACTIVITIES, HOBBIES, SPORTS, CRAFTS, MUSICAL INSTRUMENTS
ETC... _____

ARE THERE ANY SPECIAL NEEDS OR CONDITIONS YOU WOULD LIKE US TO KNOW ABOUT
(DIABETES, EPILEPSY, ETC.)?

ABOUT YOUR PETS

DO YOU HAVE ANY FURRY, FEATHERED, SCALY, OR (WHATEVER) FRIEND, PLEASE TELL
US ABOUT YOUR PET _____

ABOUT YOUR CHILDREN

NAME _____

BIRTH DATE/PLACE _____

BAPTISMAL DATE/PLACE _____

CONFIRMATION DATE/PLACE _____

INTERESTS OR ACCOMPLISHMENTS _____

SCHOOL _____ GRADE _____

NAME _____

BIRTH DATE/PLACE _____

BAPTISMAL DATE/PLACE _____

CONFIRMATION DATE/PLACE _____

INTERESTS OR ACCOMPLISHMENTS _____

SCHOOL _____ GRADE _____

NAME _____

BIRTH DATE/PLACE _____

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