



MEMBER INFORMATION / UPDATE FORM

(Please complete and return to Church Office)

Your Name _____

Street Address _____

City _____ Postal Code _____ Home # _____

Your Work # _____
These numbers are for office use only Your cell # _____ Other _____

Birth date _____
Month _____ Day _____ Year _____ Nationality _____

Email address _____ Hobbies _____

Your IGC ministry _____
For example: Do you sing on the Worship Team? Are you a Sunday school teacher or an Usher?

IGC ministry you want to be involved in _____
For example: Would you like to join the Worship Team or another ministry?

Occupation _____ Languages other than English _____

Spouse's name _____

Spouse's birth date _____
Month _____ Day _____ Year _____ Nationality _____

Spouse's work # _____
These numbers are for office use only Cell # _____ Other _____

Spouse's email address _____ Hobbies _____

Spouse's IGC ministry _____
For example: Does your spouse sing on the Worship Team? Is he/she a Sunday school teacher or an Usher?

IGC ministry your spouse wants to be involved in _____
For example: Would you like to join the Worship Team or another ministry?

Spouse's occupation _____ Languages other than English _____

DATE OF MARRIAGE: _____
Month _____ Day _____ Year _____

How did you find out about IGC? Friend Relative Radio Flyer
Newspaper Phone book Internet Our Buses

CHILDREN	(Full name)	(Date of birth, including year)	(Child's Nationality)
1.	_____	M <input type="checkbox"/> F <input type="checkbox"/> _____	_____
2.	_____	M <input type="checkbox"/> F <input type="checkbox"/> _____	_____
3.	_____	M <input type="checkbox"/> F <input type="checkbox"/> _____	_____
4.	_____	M <input type="checkbox"/> F <input type="checkbox"/> _____	_____
5.	_____	M <input type="checkbox"/> F <input type="checkbox"/> _____	_____

Please also let us know if your family has any special needs e.g. food allergies, physical limitations, etc.

Would you like to be included in our next event to welcome new members? Yes No