Church Membership Inquiry and Record Update Form

Use one form per adult. This form requests follow-up or updates information; it does not by itself confirm membership. Optional questions may be left blank.

Church or parish _____

Office contact for questions and corrections _____

Return instructions _____

Reason for submitting

Select all that apply.

- ☐ I would like information about joining or registering.
- ☐ I would like to begin the church's membership process.
- ☐ I am updating an existing record.
- ☐ I would like someone to contact me privately.

Date submitted _____

Your contact information

Full name _____

Preferred name, optional _____

Preferred contact method _____

Email, if this is your preferred contact method _____

Telephone, if this is your preferred contact method _____

Mailing address, if needed for postal correspondence _____

City, state, and ZIP code _____

Safe contact instructions, optional; do not include sensitive details _____

Optional household connections

List only household connections you want the office to record. Each adult should provide their own contact and directory choices. Do not include sensitive family circumstances here.

Name	Relationship to you	Adult or minor

Parent or guardian contact for any minors listed _____

Optional membership follow-up

Complete only if relevant to your request. The office will explain any additional records needed.

Previous church or parish _____

Previous church city and state _____

- ☐ Please contact me about transferring membership or obtaining records.
- ☐ Please contact me about baptism, confirmation, reception, or other membership questions.

Ministry interests, optional _____

Communication choices

The office may contact you to respond to this request. Choose whether you also want routine email announcements.

- ☐ Yes, send routine church email announcements.
- ☐ No, do not send routine church email announcements.

Optional directory permission

Choose one. If neither is selected, do not include this person's information in the directory. This permission does not cover public website publication, photographs, or other household members.

- ☐ Do not include me in the member-only directory.
- ☐ Include me in the member-only directory, using only the details I select below.

Select each detail you permit the church to include.

- [ ] Name
- [ ] Email
- [ ] Telephone
- [ ] Mailing address

Privacy and confirmation

Office preparation: Complete the fields below before distributing this form. Ensure the notice matches the church's actual practices.

Purposes for collecting and using this information _____

Authorized roles with access _____

Approved service providers or other recipients, if applicable _____

How to request corrections or change communication and directory choices _____

Where to obtain the church's privacy and records-retention information _____

Please do not provide financial account details, identification numbers, medical information, or private pastoral concerns on this form.

I confirm that the information I supplied is accurate to the best of my knowledge. My directory choices apply only to my own information.

Signature _____

Date _____

Office use only

Received date and staff or volunteer initials _____

Existing record checked _____

Record identifier _____

Information entered or corrected by _____

Entry date _____

Communication and directory choices recorded _____

Follow-up assigned to _____

Next step _____

Membership or registration category, if authorized _____

Status authorized by and authorization date _____

Effective date, if applicable _____

Last verified date _____

Form retention category under approved church policy _____