

Date: _____

New Member Registration Form

Names _____

Address _____

City _____ State _____ Zip _____ Home phone _____

Marital Status: Single Married Widowed Divorce Wedding Date _____

Maiden Name (if applicable) _____

Work phone _____ Cell Phone _____ Email Address(s): _____ DOB & Place _____ Occupation & Employer _____ Are you Baptized? _____ Date/place _____ Are you Confirmed _____ Date/place _____	Work phone _____ Cell Phone _____ Email Address(s): _____ DOB & Place _____ Occupation & Employer _____ Are you Baptized? _____ Date/place _____ Are you Confirmed _____ Date/place _____
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Children's Names & Ages : _____

We give in our time, our talents & treasures...

Which ministries interest you most in supporting, volunteering, etc...?

Outreach Children Youth Family Communion Loaves & Fishes Decoration Knitting Quilting School
 Helpers Volunteering Small Group Bible Study Fellowship Reading Ushering Welcoming Hospitality
 Nursery Sunday School Youth Group Men's Group Prayer Team Home Visiting Office Help Music
 Sound Board Media Tech Team

Do you want offering envelopes? Yes, please. No, thank you.

An ACH Direct Payment Form is attached. Place the form into the black box to keep secure.

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