Unity Christ Church

New Member Information Form

2010

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

OTHER PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____ ANNIVERSARY: _____

SERVICE(S) YOU ATTEND: ____9:15 (Meditation) ____10:00 (Service)

PREVIOUS CHURCH AFFILIATION: _____

LEVEL OF INTEREST:
_____Membership Now
_____Maybe Later
_____Just Looking

VOLUNTEER INTEREST:
_____Art Gallery
_____Audio and Taping
_____Bookstore
_____Building Maintenance
_____Coffee Hour
_____Fellowship/Activities
_____Greeter
_____Grounds Upkeep
_____Lending Library
_____Nursery
_____Office
_____Publicity Team
_____Special Programs
_____Uniteen Teacher/Assistant
_____Visitor Follow-up
_____Youth Education Teacher/Assistant
_____Y.O.U.
_____Other (Please Specify) _____