

New Member Form



Member Information

Name (First, Middle, Last)		Name You Go By	
Street Address		City, State, Zip	
Home Phone	Cell Phone	Work Phone	
Preferred Phone:			
Home Phone	Email Address	Occupation / Previous Occupation	
Cell Phone			
Work Phone	Can we send you email? (~1/week) Yes No	Full Time	Part Time Retired Looking
Gender Identity	Race	Marital Status: Single Partnered Married Divorced Widowed	
Date of Birth	Spouse/Partner's Name	Wedding Anniversary	
Preferred Sunday Service: 8:30 am 11:00 am Whichever Fits My/Our Schedule			
Have you been baptized? Yes No		Have you been ordained as an officer in the Presbyterian Church, USA? Elder Deacon	
Church Name & Location (City, State)		Church Name & Location (City, State)	
Are you a member of another church? Yes No			
Church Name & Location (City, State)			

If you are joining with a spouse or significant other, please provide their information below.

Member Information

Name (First, Middle, Last)		Name Goes By	
Preferred Phone:			
Home Phone	Cell Phone	Work Phone	
Cell Phone			
Work Phone	Email Address	Occupation / Previous Occupation	
	Can we send you email? (~1/week) Yes No	Full Time	Part Time Retired Looking
Gender Identity	Race	Date of Birth	
Have you been baptized? Yes No		Have you been ordained as an officer in the Presbyterian Church, USA? Elder Deacon	
Church Name & Location (City, State)		Church Name & Location (City, State)	
Are you a member of another church? Yes No			
Church Name & Location (City, State)			

**If you have dependent children, please provide their information below.
Please attach a separate page if you have more than three dependent children.**

Child 1

Name (First, Middle, Last)

Name Goes By

Gender Identity

Race

Date of Birth

Has the child been baptized? Yes No

School & Grade

Church Name & Location (City, State)

Child is: Ours Mine Spouse's

Child 2

Name (First, Middle, Last)

Name Goes By

Gender Identity

Race

Date of Birth

Has the child been baptized? Yes No

School & Grade

Church Name & Location (City, State)

Child is: Ours Mine Spouse's

Child 3

Name (First, Middle, Last)

Name Goes By

Gender Identity

Race

Date of Birth

Has the child been baptized? Yes No

School & Grade

Church Name & Location (City, State)

Child is: Ours Mine Spouse's

Please write a brief biography (3-5 sentences) to introduce yourself in our Newsletter.

Ideas for things that can be included: where you live, how long you have lived there, where you moved from, family members, profession, hobbies/interests, what attracted you to Palms, what you look forward to at Palms or how you want to be involved.

Please return to the church office, through the mail, or through email.

**Palms Presbyterian Church
ATTN: Membership Assistant
3410 Third St S
Jacksonville Beach, FL 32250
communications@palmschurch.org**