

NEW MEMBER INFORMATION

Westminster Presbyterian Church
1250 W. Exchange Street Akron, OH 44313-7695
330.836.2226 ~ westminsterakron.com

COME ~ ENCOUNTER ~ GROW ~ SERVE

Name: _____
 First Middle (Maiden) Last

Preferred title: Mr. _____ Mrs. _____ Miss _____ Ms. _____ Dr. _____

E-mail: _____

Cell Phone: _____ Work Phone: _____

DATE OF BIRTH _____ DATE OF BAPTISM _____

Spouse/Partner name: _____
 (if applicable) First Middle (Maiden) Last

Preferred title: Mr. _____ Mrs. _____ Miss _____ Ms. _____ Dr. _____

Is he/she a member of another church? _____ If yes, where? _____

Household Street Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____

How will you be received into membership? _____ Profession of Faith (new church member)
 _____ Letter of Transfer (currently member of another church)

Former church, address, and phone (if you know it):

How would you like your name to appear on your name tag?

Names of children*

Date of Birth
Month – Day - Year

Baptized
Where & When?

_____	_____	_____
_____	_____	_____
_____	_____	_____

*If away at school, state name of school, address, year attending at present and date of intended graduation.
If in Armed Services, state address.

Have you previously served in a Presbyterian church as:

_____ Elder _____ Deacon

So we can help you connect with missions and ministries that will grow your faith, please tell us what you and your family hope to receive from Westminster Church.
