



STOWE COMMUNITY CHURCH MEMBERSHIP FORM

PERSONAL DETAILS

Name _____

Address _____

City State Zip _____

Phone/Mobile number _____ Email _____

Date of Birth _____ Marital Status _____

Anniversary Date _____

CHILDREN

YES NO (If they attend church with you and are under the age of 18, please give name(s) and date(s) of birth)

1. _____ Date of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

PREVIOUS CHURCH DETAILS

(Please give name and address of your previous church, if applicable, for reference purposes)

Church Name _____

Address _____

City State Zip _____

Pastor _____

Where you a member of your previous church? YES NO

If yes, please give dates _____

Have you been baptized? YES NO

If yes, where and when? _____

STOWE
COMMUNITY
CHURCH

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