

INFORMATION PROFILE QUESTIONNAIRE
(Return to Membership and Communications Coordinator in the church office)

Date: _____	Name	Name
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
Name: (First - Middle or Maiden - Last)		
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday:	Date: ____/____/____	Date: ____/____/____
Preferred or Nickname		
Address: City, State / Zip:	_____	_____
Home Phone:	() - check if unlisted <input type="checkbox"/>	() -
Work Phone:	() -	() -
Fax #:	() -	() -
Cellular #:	() -	() -
Email Address:		
Marital Status:		
Anniversary Date:	Date: ____/____/____	Date: ____/____/____
Occupation:		
Employer:		
Church Background		
Baptized:	yes <input type="checkbox"/> no <input type="checkbox"/> Date ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____
Confirmed	yes <input type="checkbox"/> no <input type="checkbox"/> Date ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____

Children

Name (first, middle, last)	Birthdate	Grade	Baptized	Confirmed
	Date: ____/____/____		yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____
	Date: ____/____/____		yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____
	Date: ____/____/____		yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____
	Date: ____/____/____		yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____
	Date: ____/____/____		yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ____/____/____

TURN PAGE OVER



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(Return to Membership and Communications Coordinator in the church office)

Former Church Affiliation: _____

____ I wish to transfer my/our membership from _____ Episcopal Church.

Located at: _____

(Address)

(City, State Zip)

____ I wish to become a member (communicant) of Trinity Episcopal Church

____ I would like more information on Baptism or Confirmation.

____ I am interested in a New Members class (preparation for adult Confirmation).

____ Please place my name on the mailing list.

I am (we are) interested in learning more about the following ministries:

____ Administration

____ Fellowship

____ Youth Ministry

____ Campus Care

____ Healing

____ Hospitality (Greeter, Bread
Ministry, Connections Dinners)

____ Children's Ministry

____ Pastoral Care

____ Usher

____ Outreach

____ Communications/Photography

____ Choir

____ Adult Christian Education

____ Women's Groups

____ Contemporary Band

____ IT and Website

____ Worship (LEM, LEV, Lector)

____ Men's Groups

Name: _____

____ I am willing to offer my expertise/professional services, which are:

Name: _____

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For more information on Trinity Episcopal Church, please call the church office Monday–Friday 8:30 am–5:00 pm at (281)367-8113 or send written request to: Trinity Episcopal Church, 3901 S. Panther Creek, The Woodlands, TX 77381.

**PLEASE RETURN YOUR COMPLETED FORM TO:
MEMBERSHIP AND COMMUNICATIONS COORDINATOR**

Trinity Episcopal Church
3901 S. Panther Creek
The Woodlands, TX 77381