

**THE ANNISTON DISTRICT
CHRISTIAN METHODIST EPISCOPAL CHURCH**

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NEW MEMBER DATA

Name of Church: _____

Location: _____

Name of New Member: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Telephone Number - Area Code (____); _____

Date Member Joined: _____

Month Day Year

Beginning Date for Training: _____

Month Day Year

Ending Date for Training: _____

Month Day Year

Is New Member? (Check one)

Convert

From Another Denomination

What Denomination? _____

Other (explain) _____

Was new member baptized? Yes No

If no, explain: _____

Age of New Member:

0-5 6-10 11-17 18-35 36-49 50-60 over 60

Was this new member given a membership handbook?

Yes No If no, explain: _____

Signature of Pastor