



Membership Update Form

Please complete and return by September 22, 2010 to Katrina Paxson

St Paul UMC, 2000 Douglass Blvd, Louisville, KY 40205

Office Phone: 502-459-1595 Office Fax: 502-458-8010

Please duplicate sheets as needed, or pick up an extra copy from the information desk.

Family Last Name: _____ Wedding Anniversary: ____/____/____

Address: _____ City: _____

Home Phone: _____ Zip: _____

Adult 1 male female

Name: _____ Birth date: ____/____/____

Ethnicity: African American American Indian Asian Caucasian

Hispanic Pacific Islander Other _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Membership Status: full member of St. Paul regular visitor

other _____

Adult 2 male female

Name: _____ Birth date: ____/____/____

Ethnicity: African American American Indian Asian Caucasian

Hispanic Pacific Islander Other _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Membership Status: full member of St. Paul regular visitor

other _____

List Children (if applicable)

Child 1: <input type="checkbox"/> male <input type="checkbox"/> female Name: _____ Birth date: ____/____/____ Grade: _____ In College? <input type="checkbox"/> yes <input type="checkbox"/> no School: _____ Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	Child 2: <input type="checkbox"/> male <input type="checkbox"/> female Name: _____ Birth date: ____/____/____ Grade: _____ In College? <input type="checkbox"/> yes <input type="checkbox"/> no School: _____ Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	Child 3: <input type="checkbox"/> male <input type="checkbox"/> female Name: _____ Birth date: ____/____/____ Grade: _____ In College? <input type="checkbox"/> yes <input type="checkbox"/> no School: _____ Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____
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College Student's alternate address:

Dates that address is used? _____

Do you wish to receive ***The Tower*** by

- email mail I already get it, do nothing
 I don't wish to receive *The Tower*

Do you wish to receive **weekly prayer requests** by

- email mail I already get it, do nothing
 I don't wish to receive weekly prayer requests

Have you joined another church? yes no

New church name: _____

New church address: _____

Any Comments: _____

