

First Presbyterian Church
514 South Armistead Ave
Hampton, VA 23669

Membership Form

Name: _____ Birth date: _____

Email: _____

Home address: _____ Home phone: _____

Work: _____ Work phone: _____

Joining church by (select one):

Profession of faith Reaffirmation of faith Letter of transfer from: _____

Previously baptized: No Yes Date: _____ Church: _____

Past church activities: _____

Hobbies: _____ Interests: _____

I would like to participate in: Choir Sunday School Youth Activities Visiting

Church programs Office work Building repairs Other: _____

Spouse's name: _____

Children:

First Name	Middle	Last Name	Date of Birth	Date Baptized
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please turn in completed form to the church secretary.

First Presbyterian will safeguard your personal privacy information from unauthorized disclosure and will not provide this information to anyone without your consent.