

Hope Fellowship Church

Bishop Derek T. Triplett, Senior Pastor/Teacher

CHURCH MEMBERSHIP UPDATE FORM

Please Print

Date: _____

Date of Birth: ____ / ____ / ____

Name: _____ Gender: Male Female
(Last) (First) (MI)

Marital Status: Single Married Separated Divorced Widowed If married, does spouse attend HFC? Yes No
Name of Spouse: _____

First & Last Name(s) and Age(s) of Child(ren) living in household:

Name other Family Members that attend HFC (i.e. Mom/Dad, Brother/Sister, Aunt/Uncle, Cousin):

HOME ADDRESS:

MAILING ADDRESS (if different from home address)

CONTACT INFORMATION

(L) Listed (U) Unlisted

Email Address: _____

Home Phone: _____ L__U__ Cell Phone: _____ L__U__

Work Phone: _____ L__U__ Best time to call: _____ Which Phone: _____

EMPLOYMENT INFORMATION

Occupation: _____

Place of Employment: _____

Work Schedule (Days): _____ Work Schedule (Shift): _____

EDUCATION:

GED/High School Diploma/College-Undergraduate Degree/Graduate Degree, etc

Last School Attended: _____ Years Completed: _____

Special Skills – Please list below: (Chef, Bookkeeper, Tax Preparer, Graphic Design, Sales, Marketing, Organizer, Planner, etc.)

Professional Certification – Please list below: (CPA, Beautician/Barber, CDL, Professor, Lawyer, Doctor, Nurse, etc.)

MINISTRY INFORMATION

Month/Year first Joined HFC: _____ Date Baptized (if known): _____

What Ministry(ies) at HFC are you a part of: _____

What Ministry(ies) are you interested in: _____

Print Name: _____ Sign Name: _____

Date Updated in ACS: _____

Updated by: _____