



Unity South Membership Registration Form

Please complete and submit to the church office.
You will be contacted with information about next steps.

ADULT 1		ADULT 2	
Full Name		Full Name	
Birthday (DD/MM)		Birthday (DD/MM)	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Email (may we use as primary way to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Email (may we use as primary way to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Child(ren)	First Name	Last Name	Attend Sunday School?
		(additional on back if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
City		State	ZIP
Are you currently a member of another church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
How did you learn about Unity South? <input type="checkbox"/> Know a current member <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper (which one?) <input type="checkbox"/> Other, explain below:			
Office Only:	Date Rc'd	Class info	Contact

Please use reverse side of form for any comments or questions you may have We will contact you about the next New Member Class.

Thank you and we look forward to getting to know you!