

MOUNT TABOR UNITED METHODIST CHURCH
3543 Robinhood Road
Winston-Salem, NC 27106

MEMBER INFORMATION

(Please complete and return when making payments to the church office.)

Wedding Date: _____

Full Name: _____
(Groom) (Last) (First) (Middle and Maiden) (Preferred)

Date of Birth: _____

Employer: _____ Occupation: _____

Work phone #: _____ E-mail address: _____

Full Name: _____
(Bride) (Last-Married) (First) (Middle and Maiden) (Preferred)

Date of Birth: _____

Employer: _____ Occupation: _____

Work phone #: _____ E-mail address: _____

Home Address: _____

City: _____, State _____ Zip Code _____

Home Phone #: (_____) _____

CHILDREN (Under the age of 21 who are not already on the church roll):

(Last) (First) (Middle) (Preferred)

Date of Birth: _____ Date of Baptism: _____

School: _____ Grade: _____

(Last) (First) (Middle) (Preferred)

Date of Birth: _____ Date of Baptism: _____

School: _____ Grade: _____

(Last) (First) (Middle) (Preferred)

Date of Birth: _____ Date of Baptism: _____

School: _____ Grade: _____