

Churubusco United Methodist Church
750 N. Main St.
Churubusco, IN 46723
260.693.2154; www.churubuscoumc.org

*New Member Intake Form**

Name: _____ Date of birth: _____

Address: _____

Phone number: _____

Email: _____ Ethnicity: _____

Date and place of Baptism (if applicable): _____

Names of other adult members in your household and your relationship to them (if applicable): _____

Minor children living with you and their name with date of birth (if applicable): _____

Church name and city/state of current membership (if applicable): _____

If transferring, reason for transfer: _____

What specific talents and/or passions are you interested in sharing here at CUMC: _____

Are there specific needs you are expecting CUMC to fill in your life right now? _____

Are there members of our Church you already know? If so, who are some of them? _____

Say a few words about your Faith journey (you may use the back): _____

Welcome! We are glad you are here...

*We will never sell or share your personal information with outside organizations; the Annual Conference requests reporting of certain demographical information.