

# BVCC MEMBER AND REGULAR ATTENDER INFORMATION

## FAMILY INFORMATION

Mailing Label Name: (name(s) on mailings)		Date:	
Street address:		Phone:	
City:		State:	Zip Code:
Mailing address: (if different from street address)			
City:		State:	ZIP Code:
Include information in Church Directory:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Send prayer requests:	No <input type="checkbox"/> Yes <input type="checkbox"/> by Phone <input type="checkbox"/> E-mail <input type="checkbox"/>

## INDIVIDUAL INFORMATION

First Name:		Preferred First Name:	
Middle Name:	Last Name:	Suffix:	
Work Phone:	Ext.	Cell Phone:	
E:Mail		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Membership Date:	Came to Membership:	<input type="checkbox"/> Baptism <input type="checkbox"/> Transfer	Regular Attender: <input type="checkbox"/>
Head of Household <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Birth Date:	
<b>Complete if applicable:</b>	Baptism Date:	Maiden Name:	Anniversary Date:

## SPOUSE INFORMATION IF APPLICABLE

First Name:		Preferred First Name:	
Middle Name:	Last Name:	Suffix:	
Work Phone:	Ext.	Cell Phone:	
E:Mail		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Membership Date:	Came to Membership:	<input type="checkbox"/> Baptism <input type="checkbox"/> Transfer	Regular Attender: <input type="checkbox"/>
Head of Household <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Birth Date:	
<b>Complete if applicable:</b>	Baptism Date:	Maiden Name:	Anniversary Date:

## IN CASE OF EMERGENCY, PLEASE CONTACT

Name:	Relationship:	Phone:
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## CHILDREN INFORMATION IF APPLICABLE

First Name:		Preferred First Name:	
Middle Name:	Last Name:	Suffix:	
E:Mail		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Membership Date:	Came to Membership:	<input type="checkbox"/> Baptism <input type="checkbox"/> Transfer	Regular Attender: <input type="checkbox"/>
Baptism Date: (if applicable)	School Grade: (if applicable)		
Birth Date:	Include information in Church Directory:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## CHILDREN INFORMATION IF APPLICABLE

First Name:		Preferred First Name:	
Middle Name:	Last Name:	Suffix:	
E:Mail		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Membership Date:	Came to Membership:	<input type="checkbox"/> Baptism <input type="checkbox"/> Transfer	Regular Attender: <input type="checkbox"/>
Baptism Date: (if applicable)	School Grade: (if applicable)		
Birth Date:	Include information in Church Directory:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

