

# Hope Church Member Information Questionnaire

(Please print all responses)

Date: \_\_\_\_\_

## Information about you:

Dr. / Mr. / Mrs. / Ms. \_\_\_\_\_  
(circle one) First and last name (as you want it to appear in the membership directory)

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
may we publish your email? yes / no (circle one) (mm/dd/yyyy)

Mobile Phone number: \_\_\_\_\_ Home Phone number: \_\_\_\_\_  
may we publish this number? yes / no (circle one) may we publish this number? yes / no (circle one)

## Information about your spouse:

Dr. / Mr. / Mrs. / Ms. \_\_\_\_\_  
(circle one) First and last name (as you want it to appear in the membership directory)

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
may we publish this email? yes / no (circle one) (mm/dd/yyyy)

Mobile Phone number: \_\_\_\_\_  
may we publish this number? yes / no (circle one)

## Information about your children:

\_\_\_\_\_  
Name (as you want it to appear in the membership directory) Male / Female Date of Birth: \_\_\_\_\_  
(circle one) (mm/dd/yyyy)

\_\_\_\_\_  
Name (as you want it to appear in the membership directory) Male / Female Date of Birth: \_\_\_\_\_  
(circle one) (mm/dd/yyyy)

\_\_\_\_\_  
Name (as you want it to appear in the membership directory) Male / Female Date of Birth: \_\_\_\_\_  
(circle one) (mm/dd/yyyy)

\_\_\_\_\_  
Name (as you want it to appear in the membership directory) Male / Female Date of Birth: \_\_\_\_\_  
(circle one) (mm/dd/yyyy)

*(Use the back side of this questionnaire if you need additional space for children's information)*

Do you want to receive weekly emails containing the Hope Church prayer list? Yes / No (circle one)

May we send you occasional emails regarding Hope Church news and upcoming events? Yes / No (circle one)

Are you interested in serving on church committees and/or volunteer opportunities in the church? Yes / No (circle one)