

Transformation Ministries First Baptist Church
MEMBERSHIP UPDATE FORM

YOUR INFORMATION (PLEASE COMPLETE ALL FIELDS)

Today's Date:	Tithing Envelope #:	
If you currently do not have a tithing envelope # would you like one? YES NO		
Name:	DOB:	Marital Status:
Mailing Address:		
City/State/Zip:		
Physical Address:		
Home Phone#:	Work:	Cell:
E-Mail Address:		

FAMILY INFORMATION

If you are married, is your spouse a TMFBC member? YES NO		
(If answered yes) Name:	DOB:	
Work Phone#:	Cell:	
E-Mail Address:	Wedding Anniversary:	
CHILDREN: (Please list full name and DOB for all children under 18 residing with you)		
1.	4.	
2.	5.	
3.	6.	
Would you like your children to receive tithing envelopes? YES NO		

COLLEGE STUDENTS ONLY (Please complete this form each time you move)

Name of School:	Year:
Permanent Home Address:	
City, State, Zip:	
Phone #:	
Are you staying in Charlottesville during the summer? YES NO	