



St. Andrew By-The-Sea United Methodist Church  
**NEW MEMBER INFORMATION SHEET**

Joining on (Date): \_\_\_\_\_ Service: \_\_\_\_\_

I normally attend:  9:00 am, Hilton Head  11:15 am, Hilton Head  
 9:00 am, Bluffton  10:30 am, Bluffton

Complete one form for **each child/youth** joining  
(Please print clearly)

Last Name \_\_\_\_\_ First/Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Geographic Location \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax No. \_\_\_\_\_

Baptized:  Yes  No Date Baptized: (Approx. if actual not known) \_\_\_\_\_

Where Baptized \_\_\_\_\_

Type of Membership:  Full Professing  Affiliate  Associate  Other \_\_\_\_\_

Method of Joining:

UMC Transfer – Church Name \_\_\_\_\_

Former Church's address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Other Denomination Transfer – Church Name \_\_\_\_\_

Former Church's address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Confession of Faith (Confirmation Date) \_\_\_\_\_

Committees or Service \_\_\_\_\_

Areas of interest, hobbies, etc. \_\_\_\_\_

Racial Ethnic Identity

Asian  African American/Black  Hispanic  Native American  Pacific Islander  White  Multi-racial

Office Notes: Confirmed Join date: \_\_\_\_\_ (Staff initial to show completion) \_\_\_\_\_ Copies to: Nursery/Youth/Children Directors