



Mt. Zion Baptist Church

New Information

Member No. _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Name(s) of other family members affected by this change:

Spouse _____

Children _____

Other _____

If recently married, please include the following information (*members only*)

Member No. _____ Maiden name _____

Do you wish to combine contributions? Yes _____ No _____

If recently divorced, please include the following information (*members only*)

Spouse Name _____

Do you want a new Member No. assigned to you? Yes _____ No _____

If recently turned 18, please include the following information

Parent(s) name (if members) _____