



NO. \_\_\_\_\_

DATE JOINED: \_\_\_\_\_

FAMILY  INDIVIDUAL 

# UPPER ROOM COGIC MEMBERSHIP PROFILE

| PERSONAL CONTACT INFORMATION   |   |   |
|--|---|---|
| Last Name:   | First Name:   | Birth Date: ____/____/____  |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow                      |   | Member Status: <input type="checkbox"/> Watch Care <input type="checkbox"/> Full time |
| Is your spouse already a member? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list their full name (including maiden name) _____         |   |   |
| If you were previously a member, please list any other name that you were referred to when you were a member: (Ex: nicknames, maiden name, former marriage name) _____ |   |   |
| Have you accepted Jesus Christ as your Personal Savior?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>When/what year did you accept him? _____        | Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, would you be interested and would like to know more?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Home Address:  | City, State, Zip:   |   |
| Home Phone #:  | Mobile Phone #:   | Email:  |
| Employer:  | Work Phone #:   |   |
| <b>Member Identification Number (MIN):</b>   |   |   |

| SPOUSE CONTACT INFORMATION  |   |                            |
|---|---|----------------------------|
| Last Name:  | First Name:   | Birth Date: ____/____/____ |
| Have you accepted Jesus Christ as your Personal Savior?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>When/what year did you accept him? _____ | Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, would you be interested and would like to know more?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                            |
| Home Phone #:   | Mobile Phone #:   | Email:                     |
| Employer:   | Work Phone #:   |                            |
| <b>Member Identification Number (MIN):</b>  |   |                            |

| CHILDREN CONTACT INFORMATION – Please list children names who are joining with you |                            |        |
|--|----------------------------|--------|
| Full Name:   | Birth Date: ____/____/____ | MIN #: |
| Full Name:   | Birth Date: ____/____/____ | MIN #: |
| Full Name:   | Birth Date: ____/____/____ | MIN #: |
| Full Name:   | Birth Date: ____/____/____ | MIN #: |