

DATE JOINED:

FAMILY 🗖	INDIVIDUAL	
FAMILT L	INDIVIDUAL	ш

UPPER ROOM COGIC MEMBERSHIP PROFILE

PERSONAL CONTACT INFORMATION						
Last Name:	First Name:	First Name:		Birth Date:/		
Marital Status: ☐ Single ☐ Marrie	d 🗖 Divorced 🗖 W	/idow	Member Status:	J Watch Care ☐ Full time		
Is your spouse already a member? □ Yes □ No						
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? Yes		Have you been baptized? ☐ Yes ☐ No If no, would you be interested and would like to know more? ☐ Yes ☐ No				
When/what year did you accept him						
Home Address:			City, State, Zip:			
Home Phone #:	Mobile Phone #:		Email:			
Employer:			Work Phone #:			
Member Identification Number (MIN):						
SPOUSE CONTACT INFORMATION						
Last Name:	First Name:			Birth Date:/		
Have you accepted Jesus Christ as	your Personal Savior?	Have you	been baptized?	☐ Yes ☐ No		
☐ Yes ☐ No If no, would you be interested and would like to know						
When/what year did you accept him	When/what year did you accept him? more? ☐ Yes ☐ No					
				□ 163 □ 140		
Home Phone #:	Mobile Phone #:		Email:	L Tes L No		
Home Phone #: Employer:	Mobile Phone #:			L Tes L IVO		
			Email:	L Tes L IVO		
Employer:	per (MIN):	who are joi	Email: Work Phone #:	L Tes L TVO		
Employer: Member Identification Number	per (MIN):		Email: Work Phone #:			
Employer: Member Identification Number CHILDREN CONTACT INFORMATION – P	per (MIN):	Birth D	Email: Work Phone #:	MIN #:		
Employer: Member Identification Number CHILDREN CONTACT INFORMATION – P Full Name:	per (MIN):	Birth D	Email: Work Phone #: ning with you ate: / /	MIN #: MIN #:		