

## WELCOME NEW MEMBER

We welcome you into the life of Chapel in the Pines Presbyterian Church. Please take a few minutes to complete this two-sided form which will allow us to include you in our church records accurately. *Please complete one form for each person joining the church.*

Your Full Name: \_\_\_\_\_

Maiden Name if Applicable: \_\_\_\_\_

Name You Wish to be Called: \_\_\_\_\_

Gender (circle one): Male Female Nonbinary/Gender Queer

Title You Prefer (circle one): Mr Mrs Ms Miss Dr Mx Other Suffix: \_\_\_\_\_

Date of Birth (please include year for statistics): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If Married, Spouse's Full Name: \_\_\_\_\_

Is your spouse joining Chapel in the Pines with you? (circle one) yes no already a member

Contribution Account: (circle one) Joint Individual

How can we reach you?

Phone: \_\_\_\_\_ (circle one) Home Work Mobile

Phone: \_\_\_\_\_ (circle one) Home Work Mobile

Email: \_\_\_\_\_

Preferred Method of Communication: (circle one) Call Text Email

Have you ever been ordained as an Elder in a Presbyterian Church? \_\_\_\_\_

If yes, please provide date, church name and state where ordination occurred:

Ordination Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Have you ever been ordained as a Deacon in a Presbyterian Church?

If yes, please provide date, church name and state where ordination occurred:

Ordination Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State: \_\_\_\_\_

**I plan to be joining Chapel in the Pines on this date:** \_\_\_\_\_

**I will be joining by:** (circle one)

Profession of Faith   Reaffirmation of Faith   Confirmation   Transfer of Letter from (please provide complete name and mailing address of church):  
\_\_\_\_\_

**I give my permission to print my photograph in an issue of the church newsletter which introduces new members to the congregation. The newsletter is posted on the church's website. (www.citppc.org.)** (circle one)  Yes    No

**Children who are living at home:**

Name (full name, nickname)	Birthdate	School Grade	Baptized? Place/Date	Confirmed? Place/Date

**Children who are NOT living at home:**

\_\_\_\_\_

**Your Occupation?** \_\_\_\_\_

**Hobbies and Interests:** \_\_\_\_\_

Please complete this form and email it to Teresa at [admin@chapelinthepinespc.org](mailto:admin@chapelinthepinespc.org), or mail it through US Postal to: Chapel in the Pines Presbyterian Church PCUSA - 314 Great Ridge Parkway - Chapel Hill, North Carolina 27516-4122

If you have questions, call Teresa at 919-960-0616. Her office hours are Monday, Tuesday and Thursday 9am-1pm