

# MEMBERSHIP UPDATE FORM

<b>CHURCH NAME</b>		<b>MONTH/YEAR (must match action dates)</b>	
<b>CLERK</b>		<b>PASTOR</b>	

Directions: This form is to be completely filled out each MONTH by the church clerk and sent in by the 5th.

**Additions:** Give the copies to the person noted at the bottom of each page.

Last Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
First Name:		Marital Status: S M D W	
Middle:	Suffix (Sr, Jr, III, etc.)	Date of Birth: / / mm/dd/yy	
Name of <input type="checkbox"/> Parent <input type="checkbox"/> Spouse:		Home Phone: ( ) -	
Address:	Street	Apt. No.	
City		State	Zip
Action Date: / / mm/dd/yy	<input type="checkbox"/> Re-Baptism <input type="checkbox"/> Baptism	Full Name of Pastor who performed Baptism	
<input type="checkbox"/> Transfer from: Full Name of Church		City	State/Country
Last Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
First Name:		Marital Status: S M D W	
Middle:	Suffix (Sr, Jr, III, etc.)	Date of Birth: / / mm/dd/yy	
Name of <input type="checkbox"/> Parent <input type="checkbox"/> Spouse:		Home Phone: ( ) -	
Address:	Street	Apt. No.	
City		State	Zip
Action Date: / / mm/dd/yy	<input type="checkbox"/> Re-Baptism <input type="checkbox"/> Baptism	Full Name of Pastor who performed Baptism	
<input type="checkbox"/> Transfer from: Full Name of Church		City	State/Country
Last Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
First Name:		Marital Status: S M D W	
Middle:	Suffix (Sr, Jr, III, etc.)	Date of Birth: / / mm/dd/yy	
Name of <input type="checkbox"/> Parent <input type="checkbox"/> Spouse:		Home Phone: ( ) -	
Address:	Street	Apt. No.	
City		State	Zip
Action Date: / / mm/dd/yy	<input type="checkbox"/> Re-Baptism <input type="checkbox"/> Baptism	Full Name of Pastor who performed Baptism	
<input type="checkbox"/> Transfer from: Full Name of Church		City	State/Country
Last Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
First Name:		Marital Status: S M D W	
Middle:	Suffix (Sr, Jr, III, etc.)	Date of Birth: / / mm/dd/yy	
Name of <input type="checkbox"/> Parent <input type="checkbox"/> Spouse:		Home Phone: ( ) -	
Address:	Street	Apt. No.	
City		State	Zip
Action Date: / / mm/dd/yy	<input type="checkbox"/> Re-Baptism <input type="checkbox"/> Baptism	Full Name of Pastor who performed Baptism	
<input type="checkbox"/> Transfer from: Full Name of Church		City	State/Country

## Subtractions:

Name:		Suffix (Sr, Jr, III, etc.)		Date of Birth: / / mm/dd/yy	
Action Date: / / mm/dd/yy		<input type="checkbox"/> Death	<input type="checkbox"/> Missing	<input type="checkbox"/> Apostasy	
<input type="checkbox"/> Transfer to: Full Name of Church		City	State/Country		
Name:		Suffix (Sr, Jr, III, etc.)		Date of Birth: / / mm/dd/yy	
Action Date: / / mm/dd/yy		<input type="checkbox"/> Death	<input type="checkbox"/> Missing	<input type="checkbox"/> Apostasy	
<input type="checkbox"/> Transfer to: Full Name of Church		City	State/Country		
Name:		Suffix (Sr, Jr, III, etc.)		Date of Birth: / / mm/dd/yy	
Action Date: / / mm/dd/yy		<input type="checkbox"/> Death	<input type="checkbox"/> Missing	<input type="checkbox"/> Apostasy	
<input type="checkbox"/> Transfer to: Full Name of Church		City	State/Country		

## Report Summary

Beginning Membership Members Added + _____ Members Subtracted - _____ Ending Membership = _____	Use Conference statistic for beginning membership. Re-Baptisms are not additions. Do not report transfers at recommendation (completed transfers only).
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Distribute the following copies - 1) Conference Secretary 2) Pastor 3) Church Board Chairperson 4) Church Files



Seventh-day Adventist Church  
FLORIDA CONFERENCE