



NEW MINISTRY MEMBER INFORMATION FORM

NMMIF#5212

Whenever a member joins your Ministry, this form is to be completed and reported to the Director of Ministries.

* Please print all information clearly:

<input type="text"/>		<input type="text"/>	
New Ministry Member's First Name		Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member #	Contact #	Email	

If you do not know your member number, please provide your street address:

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		City	State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Name of Ministry		Cornerstone	Date Joined	
<input type="text"/>	<input type="text"/>	<input type="text"/>		
FOTF Completion Date	Currently in Class	Not Yet Scheduled		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
SHAPE Completion Date	Currently in Class	Not Yet Scheduled		

OFFICE USE ONLY

CURRENT DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Forward Copies of Entire Package To:

Director of Ministries