

MEMBER NUMBER REQUEST FORM

If you have never received, lost, or misplaced your Rock of Ages Member Number, please complete the form below to receive a Card. Your card may be picked up at the Information Table on the following Sunday. If there are any challenges with obtaining your member number, you will be contacted by the ANTS Support Team. Should you have any questions in the interim, please do not hesitate to contact us at ministry@roabc.org.

Please print clearly:

Current Date: _____

First Name: _____

Last Name: _____

Contact #: (_____) _____ - _____

Email: _____

Date of Birth: ____ / ____ / ____

Marital Status: ____ Married ____ Single ____ Divorced

If recently married, previous last name :

Current Address:: _____

City: _____ State: _____ Zip: _____

Previous if Address (if current is less than 1 year):

Previous Address: _____

City: _____ State: _____ Zip: _____

Date Joined (approximately if you do not recall) _____ MO _____ Year

Please select one: ____ Adult ____ Child ____ Youth