



HAWTHORNE LANE

MEMBERSHIP FORM

Date _____

FAMILY'S PRIMARY ADDRESS

Address _____	City _____	State _____	Zip _____	Home Phone _____
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HEAD(S) OF HOUSEHOLD

Last Name _____	First _____	MI _____
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Preferred Name _____	Date of Birth: Mo/Day/Year _____
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Gender: Male Female

Marital Status: Single Couple Married

Active Duty Veteran

Email _____

Cell Phone _____

Baptized?: Yes No Member of another church: Yes No

Church Name _____

City _____	State _____	Zip _____
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Last Name When Joined Previous Congregation _____

I WANT TO GET INVOLVED

I would like to know more about: (please check)

- | | |
|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Congregational Care | <input type="checkbox"/> Serving in Missions |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Serving at HLUMC |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Serving with Freedom Schools |
| <input type="checkbox"/> Discipleship Classes | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Children (thru 5th grade) | <input type="checkbox"/> Food Ministry |
| <input type="checkbox"/> Students (6-12th grade) | <input type="checkbox"/> Music Ministry |

Interests/Hobbies _____

CURRENT INVOLVEMENT (Please list all activities.)

Serving _____

Growing in faith outside of worship _____

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How do you prefer to receive communication from Hawthorne Lane UMC? Email USPS Phone Call

Please note preferred email and/or phone: (multiple are okay)

*Please complete the information on the reverse side of this sheet and return your completed membership form to
Carolyn Horton, chorton@hlumc.org or 501 Hawthorne Lane, Charlotte, NC 28204*

MEMBERSHIP FORM

CHILDREN

Last Name First MI

Preferred Name

Cell Phone

Email

At Home: Yes No

Date of Birth: Mo/Day/Year Gender: Male Female

Baptized: Yes No Confirmed: Yes No

Last Name First MI

Preferred Name

Cell Phone

Email

At Home: Yes No

Date of Birth: Mo/Day/Year Gender: Male Female

Baptized: Yes No Confirmed: Yes No

Last Name First MI

Preferred Name

Cell Phone

Email

At Home: Yes No

Date of Birth: Mo/Day/Year Gender: Male Female

Baptized: Yes No Confirmed: Yes No

Last Name First MI

Preferred Name

Cell Phone

Email

At Home: Yes No

Date of Birth: Mo/Day/Year Gender: Male Female

Baptized: Yes No Confirmed: Yes No

FAMILY MEMBERS LIVING AT YOUR HOME WHO ARE NOT JOINING TODAY

Last Name First MI

Preferred Name

At Home: Yes No

Date of Birth: Mo/Day/Year Gender: Male Female

Baptized: Yes No Confirmed: Yes No

Last Name First MI

Preferred Name

At Home: Yes No

Date of Birth: Mo/Day/Year Gender: Male Female

Baptized: Yes No Confirmed: Yes No

RELATIVES WHO ATTEND HAWTHORNE LANE UMC (GRANDPARENTS, SIBLINGS, COUSINS)

Name	Relationship
_____	_____
_____	_____
_____	_____

HOW DID YOU HEAR ABOUT HAWTHORNE LANE UMC?

HOW FREQUENTLY DID YOU/YOUR FAMILY ATTEND CHURCH IN THE YEAR BEFORE YOU BEGAN ATTENDING HAWTHORNE LANE?

- Every week
- 2-3 times a month
- Once a month
- A few times a year
- Special occasions
- Didn't attend church regularly