

Central Union Baptist Church

Member Information Card

We need your help to ensure our membership records are accurate. Please complete this card and drop it in the offering plate or hand it to an Usher.



Dr./ Mr./ Mrs. / Miss / Ms.

Change in contact information

Full Name: _____ Date: _____

Email Address: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Best Contact Phone: (____) _____ Calls preferred Text messages preferred Do Not Text Me

How long have you been a member of Central Union? _____ Date Joined: _____

In school? Yes No If so, mailing address if different from above: _____

PLEASE PRINT

