

Date _____

WELCOME TO WESTBROOK CHURCH

First Name _____	Last Name _____
Address _____	
City _____	Zip Code _____
Main/Home Phone _____	List in church directory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone _____	List in church directory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone _____	List in church directory? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail _____	List in church directory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date _____	Occupation _____
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Member <input type="checkbox"/> Regular Attendee <input type="checkbox"/> Newcomer	Date began attending Westbrook _____ (mm/yy)
Spouse First Name _____	Last Name _____
Birth Date _____	Occupation _____

CHILDREN WHO ATTEND WESTBROOK Complete this section one/family (Younger than Age 18)

I object to my children's pictures appearing in material promoting upcoming Westbrook Church events.

First & Last Name	M/F	Birthdate	School	Grade
1. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				
2. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				
3. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				
4. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				
5. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				
6. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				
7. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				
8. _____	_____	___/___/___	_____	_____
Allergies or special concerns: _____				