Connect Unity Fellowship
Member Data Form

Last Name	First Name	DOB: Month/Date	Date of Membership

Spouse's Last Name	Spouse's First Name	Spouse's DOB: Month/Date	Date of Membership

Street Address

City	State	Zip Code

Phone: Work	Home	Mobile/Other

Date of Wedding Anniversary	Email Address

Dependents (Living In Your Home)

1. First Name   Last Name (if different from above)

Date of Birth: Month/Date	Date of Membership	☐ Male or ☐ Female

2. First Name   Last Name (if different from above)

Date of Birth: Month/Date	Date of Membership	☐ Male or ☐ Female

3. First Name   Last Name (if different from above)

Date of Birth: Month/Date	Date of Membership	☐ Male or ☐ Female

4. First Name   Last Name (if different from above)

Date of Birth: Month/Date	Date of Membership	☐ Male or ☐ Female

Emergency Contact Information

Name:	Phone:

Please Note: We have to update members every 1-2 years to keep our records up to date. Your mobile and work phone will not be included in the CUF's Directory, but will ONLY be used for emergency purposes such as a church service cancellation. Thank you for your patience. Thank You. God Bless You.