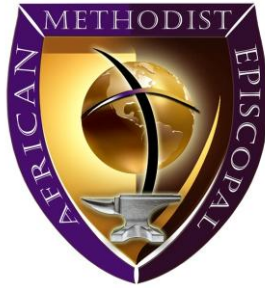


Saint Paul African Methodist Episcopal Church



2016 Membership Update Form

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Spouse: _____ DOB _____

Member of SP yes no Email address: _____

Cell Phone: _____

Children (under the age of 21):

Name _____ DOB _____ Member of SP yes no

Name _____ DOB _____ Member of SP yes no

Name _____ DOB _____ Member of SP yes no

Name _____ DOB _____ Member of SP yes no

Other Immediate Relatives (sister, brother, mother, father, uncle, aunt, grandparent, etc.,) that are Members of Saint Paul African Methodist Episcopal Church:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Return form by: **E-mail** to info@stpaulamemadison.org or bring it to the church office.

THANK YOU!