

**Mountain View Conference - Minister's Report
New Member/Spiritual Partner**

Church Name _____ Pastor _____

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Alternate Phone _____

Email Address _____

Date of Birth (month/day/year) ____/____/____ Marriage Date (month/day/year) ____/____/____

Marital Status: ___Single ___Married ___Divorced ___Widowed Gender: ___M ___F

Ethnicity: ___Caucasian ___Hispanic Other _____ Language _____

Occupation / School Currently Attending & Grade _____ ___Retired

Name of Parents or Spouse Currently Residing With:

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

___Baptism** (month/day/year) ____/____/____ ___Re-baptism (month/day/year) ____/____/____

Baptized By: _____

___ Profession of Faith** (month/day/year) ____/____/____

****Spiritual Partner Information (assigned to each new member joining by baptism or profession of faith)**

Name _____

Address _____

Phone _____

Send materials to new member in ___English ___Spanish

Only one name per form, please.

Mail to: Mountain View Conference, 1400 Liberty Street, Parkersburg, WV 26101

Fax: 1-304-422-4582

White and yellow - MVC; pink - church clerk; goldenrod - pastor