

1	Member Registration		Complete one section for each member of the household. Where the requested information duplicates Number 1, write "same"	
I / We would like envelopes	I / We would like EFT	Date		
Mr / Mrs / Ms / Miss / Dr	Last:	First:	Middle:	
Nickname:		Maiden:	Suffix	
Street Address:		City/State/Zip:		
Phone #:	Home / Office / Cell		Unlisted? Yes / No	
Phone #:	Home / Office / Cell		Unlisted? Yes / No	
E-mail:		Prefer E-mail? Yes / No		
Birth date:		Marital Status:	Gender: Male / Female	
IU Affiliation: Faculty / Staff / Student		Department:		
Baptism Date:	Church Name:	City/State:		
First Communion Date:	Church Name:	City/State:		
Confirmation Date:	Church Name:	City/State:		

2	Member Registration		Complete one section for each member of the household. Where the requested information duplicates Number 1, write "same"	
Mr / Mrs / Ms / Miss / Dr	Last:	First:	Middle:	
Nickname:		Maiden:	Suffix	
Street Address:		City/State/Zip:		
Phone #:	Home / Office / Cell		Unlisted? Yes / No	
Phone #:	Home / Office / Cell		Unlisted? Yes / No	
E-mail:		Prefer E-mail? Yes / No		
Birth date:		Marital Status:	Gender: Male / Female	
IU Affiliation: Faculty / Staff / Student		Department:		
Baptism Date:	Church Name:	City/State:		
First Communion Date:	Church Name:	City/State:		
Confirmation Date:	Church Name:	City/State:		

3	Member Registration		Complete one section for each member of the household. Where the requested information duplicates Number 1, write "same"	
Mr / Miss	Last:	First:	Middle:	
Nickname:		Maiden:	Suffix	
Street Address:		City/State/Zip:		
Phone #:	Home / Office / Cell		Unlisted? Yes / No	
Phone #:	Home / Office / Cell		Unlisted? Yes / No	
E-mail:		Prefer E-mail? Yes / No		
Birth date:		Gender: Male / Female		
Baptism Date:	Church Name:	City/State:		
First Communion Date:	Church Name:	City/State:		
Confirmation Date:	Church Name:	City/State:		