

River's Edge Family Membership Information Sheet

***Name: _____
First Last

DOB: ____/____/____

Cell Phone: (____) _____ Email _____

***Name: _____
First Last

DOB: ____/____/____ Anniversary: ____/____/____

Cell Phone: (____) _____ Email _____

Home Address:

Street: _____

City: _____ Zip: _____

PO Box: _____

CHILDREN LIVING AT HOME:

First & Last Name's

_____ DOB: ____/____/____

Cell Phone: (____) _____ grade _____

Email: _____

Children: First & Last Name's

_____ DOB: ____/____/____

Cell Phone: (____) _____ grade _____

Email: _____

Children: First & Last Name's

_____ DOB: ____/____/____

Cell Phone: (____) _____ grade _____

Email: _____

I would be interested in helping in the following areas.

_____ Mission (REach)

_____ Grounds & Building upkeep
(Property & Grounds)

_____ Hospitality
(Sunday or Wednesday Nights)

_____ Worship Music Area or AV Tech

_____ Congregational Care
(RE Cares)

_____ Adult Discipleship

_____ Student Ministry
(Jr & Sr High)

_____ Kids Discipleship
(Pre school to 5th grade)

_____ Nursery Care
(New born to Kindergarten)

****** _____ I would like to attend a Bible Study on _____
day/time that works best for you.

Must be over 18 to sign.

I give permission for my photo and or my families photo to be used on our website,
Facebook page, Instagram site.

Name: _____ **Date:** _____