

# MEMBERSHIP COVENANT

Mission Hills United Church of Christ  
4070 Jackdaw Street  
San Diego, CA 92103

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(Please Print)

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SPOUSE/PARTNER \_\_\_\_\_

I WOULD LIKE TO HAVE AS MY SPONSOR \_\_\_\_\_

CHILDREN WHO WILL ATTEND WORSHIP WITH ME:

\_\_\_\_\_

I WILL JOIN BY ( ) CONFSSION OF FAITH

( ) REAFFIRMATION OF FAITH

( ) LETTER OF TRANSFER FROM

\_\_\_\_\_ CHURCH

\_\_\_\_\_

ADDRESS AND ZIP CODE

BAPTIZED (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

MEMBERSHIP DATE (Date you intend to join MHUCC) \_\_\_\_\_

**MISSION HILLS UNITED CHURCH of CHRIST  
4070 JACKDAW STREET  
SAN DIEGO, CA 92103**

In order that your Pastor, members of the staff and officers of the Church may have the information necessary to better serve the Church Family, you are requested to fill out the enclosed questionnaire and return it to the Church Office as soon as possible.

1. LAST NAME \_\_\_\_\_
2. FIRST NAME \_\_\_\_\_
3. MIDDLE INITIAL \_\_\_\_\_
4. TITLE (check one)  Miss  Ms  Mrs  Mr  Rev  
 Dr  Hon \_\_\_\_\_ Other
5. ADDRESS \_\_\_\_\_  
\_\_\_\_\_
6. CITY, STATE \_\_\_\_\_
7. ZIP CODE \_\_\_\_\_ - \_\_\_\_\_
8. EMAIL \_\_\_\_\_
9. SEX (check one)  Female  Male
10. MARITAL STATUS (check one)  
 Single  Married  Divorced  Widowed  Partnered
11. HOME PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Does the Church have your permission to publish this number on lists and reports?  Yes  No
12. MAIDEN NAME \_\_\_\_\_
13. NICKNAME \_\_\_\_\_
14. SHUT-IN?  Yes  No
15. OCCUPATION/PROFESSION \_\_\_\_\_
16. EMPLOYER \_\_\_\_\_
17. WORK PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
CELL PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

18. SCHOOL GRADE (last completed) \_\_\_\_\_ DEGREE \_\_\_\_\_

19. BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month / day / year)

20. BAPTISM DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month / day / year)

21. CONFIRMATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month / day / year)

22. MEMBERSHIP DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month / day / year)

23. BOARD MEMBERSHIPS, COMMISSIONS, COMMITTEES, CHURCH GROUPS, ETC.	term dates (beginning/ending)
_____	_____ / _____ Present
_____	_____ / _____ Present
_____	_____ / _____ Present
_____	_____ / _____ Present
_____	_____ / _____ Present
_____	_____ / _____ Present

Please list previous boards, commissions, committees, church groups, etc. in which you have participated, so that we may have a record of your church experience.

24. TALENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know your abilities so that we can advise you of service opportunities.

25. INTERESTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know your interests so that we can advise you when activities occur involving your interests.

25. DATE of MARRIAGE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month / day / year)
26. Spouse's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Baptism \_\_\_\_\_  
Spouse's Last Name \_\_\_\_\_ Confirmation/  
Membership \_\_\_\_\_
27. Father's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Father's Last Name \_\_\_\_\_
28. Mother's First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Mother's Last Name \_\_\_\_\_
29. Child's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Baptism \_\_\_\_\_  
Child's Last Name \_\_\_\_\_ Confirmation/  
Membership \_\_\_\_\_
30. Child's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Baptism \_\_\_\_\_  
Child's Last Name \_\_\_\_\_ Confirmation/  
Membership \_\_\_\_\_
31. Child's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Baptism \_\_\_\_\_  
Child's Last Name \_\_\_\_\_ Confirmation/  
Membership \_\_\_\_\_
32. Child's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Baptism \_\_\_\_\_  
Child's Last Name \_\_\_\_\_ Confirmation/  
Membership \_\_\_\_\_
33. Child's First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Baptism \_\_\_\_\_  
Child's Last Name \_\_\_\_\_ Confirmation/  
Membership \_\_\_\_\_

PASTORAL SIGNIFICANT ANNIVERSARY DATE: This would be any occurrence or happening which is of importance to you and which you would like to share with your Pastor, or a date or time when being remembered by your Pastor would make that time more meaningful and/or bearable; for example - death of a spouse, parent, child or other loved one, birth or a child, divorce, graduation, marriage, recovery from a critical illness, beginning of a new job, or any other event which is cause for remembrance.

EVENT \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Thank you for filling in as many of the blanks as possible and/or are relevant. This will more adequately enable your Church to minister to you and your family, not only enriching your life but increasing the effectiveness of your Church in God's Kingdom.

PLEASE RETURN YOUR COMPLETED FORM TO PASTOR LANDIS OR TO THE CHURCH OFFICE:

Mission Hills United Church of Christ  
4070 Jackdaw St.  
San Diego, CA 92103  
(619) 296-2169  
Fax (619) 296-2115