



Dahlonaga Methodist Church
HOUSEHOLD INFORMATION

Date Joined: _____

Mailing Address: _____
Address City ST ZIP

Home Address: _____
(if not same as mailing address) Street City ST ZIP

<u>HEAD OF HOUSEHOLD</u>	
First Name _____	Middle Name/Initial _____
Last Name _____	Goes by Name _____
Maiden Name _____	
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married * <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
* Anniversary Date: ____/____/____	
() - () -	() - () -
Home Phone	Cell Phone
Email: _____	
Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If you have not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Do you have any special needs, circumstances or concerns? _____ _____	

<u>SECOND ADULT IN HOUSEHOLD</u>	
First Name _____	Middle Name/Initial _____
Last Name _____	Goes by Name _____
Maiden Name _____	
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to HOH (ex: spouse, sister, adult child): _____	
() - () -	() - () -
Home Phone	Cell Phone
Email: _____	
Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If you have not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Do you have any special needs, circumstances or concerns? _____ _____	

Joining by: (Check one)

_____ Transfer from another Methodist Church

_____ Transfer from another United Methodist Church

_____ Transfer from another denomination

_____ Profession of Faith

_____ Profession of Faith through Confirmation

_____ Membership Restore-Affirmation of Faith

Joining by: (Check one)

_____ Transfer from another Methodist Church

_____ Transfer from another United Methodist Church

_____ Transfer from another denomination

_____ Profession of Faith

_____ Profession of Faith through Confirmation

_____ Membership Restore-Affirmation of Faith

If transferring: Previous Church: _____

If transferring: Previous Church: _____

PLEASE COMPLETE THE MEDIA AND INFORMATION USE AGREEMENT ON PAGE 2.

Please complete Page 3 and 4 if you have minor children in your household.

Please complete the supplemental pages if you have dependent adults in your household and/or need additional space for minor children.

Please return this form to the DMC office: email to deborah@dahmc.org or bring to the office.

MEDIA & INFORMATION USE AGREEMENT

Head of Household

I, _____ (please print name)
hereby grant, voluntarily and with full understanding, to Dahlonaga Methodist Church ("DMC"), a license to the following:

1. Use (by the DMC staff) and storage (in the secure DMC church management software) of the data and images by digital or film photographs that I've provided on and with this form.
 Yes No

2. Inclusion in the DMC Online Directory of the following information (stored in the secure DMC church management software). The DMC Online Directory is password protected and available only to DMC Online Directory participants.

- | | | |
|------------------|------------------------------|-----------------------------|
| A. Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Home Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Cell Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Email | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Image (Photo) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. The use of images of myself and my name, that may be captured during my involvement in DMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.

Yes No

Signature: _____

Date: ____/____/____

Second Adult in Household

I, _____ (please print name)
hereby grant, voluntarily and with full understanding, to Dahlonaga Methodist Church ("DMC"), a license to the following:

1. Use (by the DMC staff) and storage (in the secure DMC church management software) of the data and images by digital or film photographs that I've provided on and with this form.
 Yes No

2. Inclusion in the DMC Online Directory of the following information (stored in the secure DMC church management software). The DMC Online Directory is password protected and available only to DMC Online Directory participants.

- | | | |
|------------------|------------------------------|-----------------------------|
| A. Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Home Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Cell Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Email | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Image (Photo) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. The use of images of myself, that may be captured during my involvement in DMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.

Yes No

Signature: _____

Date: ____/____/____

CHILD 1

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() () ()	() () ()
Home Phone	Cell Phone
Should your child receive urgent messages?	<input type="checkbox"/> Email or <input type="checkbox"/> Text or Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None
Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should your child receive periodic emails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

CHILD 2

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() () ()	() () ()
Home Phone	Cell Phone
Should your child receive urgent messages?	<input type="checkbox"/> Email or <input type="checkbox"/> Text or Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None
Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should your child receive periodic emails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

CHILD 3

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() () ()	() () ()
Home Phone	Cell Phone
Should your child receive urgent messages?	<input type="checkbox"/> Email or <input type="checkbox"/> Text or Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None
Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should your child receive periodic emails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

CHILD 4

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() () ()	() () ()
Home Phone	Cell Phone
Should your child receive urgent messages?	<input type="checkbox"/> Email or <input type="checkbox"/> Text or Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None
Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should your child receive periodic emails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

Do any of these children have special needs?

PLEASE COMPLETE THE MEDIA & INFORMATION USE AGREEMENT ON PAGE 4.

MEDIA & INFORMATION USE AGREEMENT

For children under 18 years of age

I, _____ (please print name), Parent/Guardian of the children under 18 years of age listed below, hereby grant, voluntarily and with full understanding, to Dahlonega Methodist Church ("DMC"), a license to the following:

1. Use (by the DMC staff) and storage (in the secure DMC church management software) of the data and images by digital or film photographs that I've provided on and with this form.

2. Inclusion in the DMC Online Directory of the following information (stored in the secure DMC church management software). The DMC Online Directory is password protected and available only to DMC Online Directory participants.

- A. Name
- B. Address
- C. Home Phone
- D. Cell Phone
- E. Email
- F. Image (Photo)

	Child 1 Name (please print):	Child 2 Name (please print):	Child 3 Name (please print):
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

3. The use of images of my child and my child's name, that may be captured during involvement in DMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.

Parent/Legal Guardian Signature: _____

Date: ____/____/____

CHILD 5

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() - () -	() - () -
Home Phone	Cell Phone
Email	
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

CHILD 7

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() - () -	() - () -
Home Phone	Cell Phone
Email	
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

CHILD 6

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() - () -	() - () -
Home Phone	Cell Phone
Email	
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

CHILD 8

First Name	Middle Name/Initial
Last Name	Goes by Name
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
() - () -	() - () -
Home Phone	Cell Phone
Email	
Has your child been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If your child has not been baptized, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<i>If No or Not Sure, do you desire to be contacted by our pastor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time

Do any of these children have special needs? _____

#REF!