



Dahlonaga Methodist Church
HOUSEHOLD INFORMATION

Date Joined: _____

Mailing Address: _____

Address

Home Address: _____

(if not same as mailing address)

Street

City

ST

ZIP

City

ST

ZIP

HEAD OF HOUSEHOLD

First Name _____ Middle Name/Initial _____
Last Name _____ Goes by Name _____
Maiden Name _____
Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female
Month/Day/Year
Marital Status: ☐ Single ☐ Married * ☐ Divorced ☐ Widowed
* Anniversary Date: ____/____/____

() - () -

Home Phone _____ Cell Phone _____

Email: _____

Have you been baptized? ☐ Yes ☐ No ☐ Not Sure

If you have not been baptized, do you desire
to be contacted by our pastor? ☐ Yes ☐ Not at this time

Do you have any special needs, circumstances or concerns?

SECOND ADULT IN HOUSEHOLD

First Name _____ Middle Name/Initial _____
Last Name _____ Goes by Name _____
Maiden Name _____
Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female
Month/Day/Year
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Relationship to HOH (ex: spouse, sister, adult child):

() - () -

Home Phone _____ Cell Phone _____

Email: _____

Have you been baptized? ☐ Yes ☐ No ☐ Not Sure

If you have not been baptized, do you desire
to be contacted by our pastor? ☐ Yes ☐ 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

If transferring: Previous Church:

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:

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

Please complete Page 3 & 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 Dahlonge 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 Dahlonge 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: _____	
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <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: _____	
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <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: _____	
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <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: _____	
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <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.

HEAD OF HOUSEHOLD NAME: _____

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)

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.

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

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 _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell		Email or <input type="checkbox"/> Text or or <input type="checkbox"/> None	
Email: _____			
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <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 _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell		Email or <input type="checkbox"/> Text or or <input type="checkbox"/> None	
Email: _____			
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <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 _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell		Email or <input type="checkbox"/> Text or or <input type="checkbox"/> None	
Email: _____			
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <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 _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell		Email or <input type="checkbox"/> Text or or <input type="checkbox"/> None	
Email: _____			
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	
If your child has not been baptized, do you desire to be contacted by our pastor? <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	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

Do any of these children have special needs? _____