

Membership Profile Questionnaire

(rev. 11/7/16)

Date:	Person #1 Male <input type="checkbox"/> Female <input type="checkbox"/>	Person #2 Male <input type="checkbox"/> Female <input type="checkbox"/>
Title:		
Name: (first, middle)		
Name: (last)		
Birthday (mo/da/year):		
Preferred or Nickname		
Street Address:		
City, State, Zip:		
E-Mail Address:		
Home Phone:	() - preferred <input type="checkbox"/>	() - preferred <input type="checkbox"/>
Work Phone:	() - preferred <input type="checkbox"/>	() - preferred <input type="checkbox"/>
Fax #:	() - preferred <input type="checkbox"/>	() - preferred <input type="checkbox"/>
Mobile #:	() - preferred <input type="checkbox"/>	() - preferred <input type="checkbox"/>
Relationship:		
Anniversary (mo/da/yr):		
Occupation:		
Employer:		
Church Background:		
Member Status:		
Member Class / Joined:	yes <input type="checkbox"/> Date:	yes <input type="checkbox"/> Date:
Baptized:	yes <input type="checkbox"/> Date:	yes <input type="checkbox"/> Date:
Confirmed:	yes <input type="checkbox"/> Date:	yes <input type="checkbox"/> Date:
Legal Docs on File	yes <input type="checkbox"/> Type(s):	yes <input type="checkbox"/> Type(s):
Emergency Contact:		
Emer. Contact Phone:	() -	() -

Children

Name (first, middle, last)	Birth Date	Grade	Baptized	Confirmed
			yes <input type="checkbox"/> Date:	yes <input type="checkbox"/> Date:
			yes <input type="checkbox"/> Date:	yes <input type="checkbox"/> Date:
			yes <input type="checkbox"/> Date:	yes <input type="checkbox"/> Date:

Skills, Talents, Hobbies, and Passions (check all that apply: 1=Person #1 / 2=Person #2)

1	2	1	2	1	2			
<input type="checkbox"/>	<input type="checkbox"/>	Acting	<input type="checkbox"/>	<input type="checkbox"/>	Gardening/Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	Tech (A/V, IT, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Administration	<input type="checkbox"/>	<input type="checkbox"/>	Handicrafts	<input type="checkbox"/>	<input type="checkbox"/>	Typing
<input type="checkbox"/>	<input type="checkbox"/>	Artist	<input type="checkbox"/>	<input type="checkbox"/>	Handy work	<input type="checkbox"/>	<input type="checkbox"/>	Writing
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	Musician	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Computer	<input type="checkbox"/>	<input type="checkbox"/>	Pianist	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Design	<input type="checkbox"/>	<input type="checkbox"/>	Singing	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	other: _____

Faith Community Activities (check all that apply: 1=Person #1 / 2=Person #2)

1	2	1	2	1	2			
<input type="checkbox"/>	<input type="checkbox"/>	Bible Reader (lectern)	<input type="checkbox"/>	<input type="checkbox"/>	Money Counter	<input type="checkbox"/>	<input type="checkbox"/>	Youth Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Shut-In Visitation	<input type="checkbox"/>	<input type="checkbox"/>	Nursery	<input type="checkbox"/>	<input type="checkbox"/>	Usher / Greeter
<input type="checkbox"/>	<input type="checkbox"/>	Men's Activities	<input type="checkbox"/>	<input type="checkbox"/>	Office Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	Worship Leader / Preacher
<input type="checkbox"/>	<input type="checkbox"/>	Property Care	<input type="checkbox"/>	<input type="checkbox"/>	Musician / Singing	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Council / Committee	<input type="checkbox"/>	<input type="checkbox"/>	Prayer	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Altar Care	<input type="checkbox"/>	<input type="checkbox"/>	Teacher (Children or Adults)	<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Women's Groups	<input type="checkbox"/>	<input type="checkbox"/>	Food Pantry	<input type="checkbox"/>	<input type="checkbox"/>	other: _____

Spiritual Gifts (check all that apply: 1=Person #1 / 2=Person #2)

1	2	1	2	1	2			
<input type="checkbox"/>	<input type="checkbox"/>	Administration	<input type="checkbox"/>	<input type="checkbox"/>	Giving	<input type="checkbox"/>	<input type="checkbox"/>	Arts/Music/Artistry
<input type="checkbox"/>	<input type="checkbox"/>	Mercy	<input type="checkbox"/>	<input type="checkbox"/>	Encouragement/Exhortation	<input type="checkbox"/>	<input type="checkbox"/>	Discernment
<input type="checkbox"/>	<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	Prophecy	<input type="checkbox"/>	<input type="checkbox"/>	Prayer/Intercession
<input type="checkbox"/>	<input type="checkbox"/>	Skilled Crafts	<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	Leadership
<input type="checkbox"/>	<input type="checkbox"/>	Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	Faith
<input type="checkbox"/>	<input type="checkbox"/>	Writing	<input type="checkbox"/>	<input type="checkbox"/>	Wisdom	<input type="checkbox"/>	<input type="checkbox"/>	Service/Helps

Find out what your spiritual gifts are at www.ELCA.org (search "Spiritual Gifts Assessment")

COMMENTS / NOTES: