TRINITY
Methodist Church of Camden

Trinity Methodist Church Membership Information

Date of Membership: _____

Full Name: First _____ Middle _____ Last _____

Preferred Name: _____ DOB/Birthday: _____

Home/Cell Phone: _____ Email: _____

Mailing Address: _____

City/State/Zip: _____

Spouse: _____ Anniversary: _____

Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____

Membership Details

- Are you transferring from another church? ☐ Yes ☐ No
  - If yes, Church Name & Location: _____
- Have you been baptized? ☐ Yes ☐ No
- Date of Baptism (if known): _____
- Do you wish to be baptized? ☐ Yes ☐ No
- Do you accept Jesus Christ as your Lord and Savior? ☐ Yes ☐ No
- Have you read the TMC Foundational Documents? ☐ Yes ☐ No

Statement of Commitment

I, _____ desire to become a member of **TMC of Camden** and commit to:

- Growing in my faith and relationship with Jesus Christ.
- Supporting the church's mission, values, and leadership.
- Regularly attending worship and participating in church activities.
- Using my time, talents, and resources to serve God and the church community.

Signature: _____ **Date:** _____