New Member Returning Men	nber Joining on Date: Time:
Personal	
Name:	Goes by:
First Middle	Last
Address:	
Email:	
Cell Phone:	
Occupation:	Employer:
Date of Birth*:	*we will not share this information publicly
Have you been Baptized? Yes Denomination:	
Family	
Spouse's Name:	Date of Marriage:
Please list the names of you children who a	are 18 and under:
Child's Name:	Gender/Date of Birth:
My parents,	are members of the Peoples Church Yes No
Membership	
I would like to join by:	
Profession of Faith	Student Associate (list home church below)
Reaffirmation of Faith (if Confirmed)	Associate (list home church below)
Baptism	Letter of Transfer (list former church below)
Church Name:	
Church Address	

Please provide the name and contact information of someone outside your household to contact in case of an emergency.	
Introductory Bio	
How would you introduce yourself to your	r Peoples Church Family? Ideas include where you were born, . Please let us know if we do not have permission to include your bio in the Portal monthly newsletter. Thanks!
Please fill out the form below if you were	e a member of The Peoples Church at one time and would like to be reinstated.
Request to Reestablish	Church Membership at The Peoples Church
The Peoples Church	Date:
Membership Coordinator	
200 W. Grand River Ave.	
East Lansing, MI 48823	
Dear Membership Coordinator,	
my name and contact information. I appre-	sinstated as a member of The Peoples Church. Included please find ciate your attention and look forward to hearing back from you soon. me and reconnecting with others as we serve Christ in our
Signature:	
Printed Name:	