

## Member Information Update Form (PLEASE PRINT)

### Head of Household Member Information

Deacon  Dr.  Miss  Mr.  Mrs.  Ms.  Pastor  Reverend  Other

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Full Address: \_\_\_\_\_  
(Include City State Zip)

Date of Birth: \_\_\_\_\_  Married  Unmarried

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Military  Yes  No If yes, branch: \_\_\_\_\_  Active Duty  Reserve  Retired

### Spouse Information

Current **FBCM Member?**  Yes  No \*If no, complete **bold** information only.

Deacon  Dr.  Mr.  Mrs.  Pastor  Reverend  Other

\***Full Name:** \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \***Cell No.:** \_\_\_\_\_ \***Work No.:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Military  Yes  No If yes, branch: \_\_\_\_\_  Active Duty  Reserve  Retired

### Household Youth / Family Information (under the age of 18)

Relationship	FBCM Member?	Name (First and Last)	DOB:
<input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> other _____	Yes No	_____	_____
<input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> other _____	Yes No	_____	_____
<input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> other _____	Yes No	_____	_____
<input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> other _____	Yes No	_____	_____

### Family Emergency Contact (please list 2)

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### District Information (if you do not have your district information you will be assigned)

Deacon's Name: \_\_\_\_\_ District No.: \_\_\_\_\_

Are you active in the district?  Yes  No

**By submitting this form, I understand and give permission for my information to be entered into a database for FBCM use only.**

\_\_\_\_\_  
Head of Household Signature/Date

\_\_\_\_\_  
Spouse Signature (if member)/Date

FBCM USE ONLY:	Date Entered in system:	By:
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