



Aldersgate United Methodist Church • 1301 Collingwood Road • Alexandria, Virginia 22308
aldersgate.net • 703-765-6555 • connect@aldersgate.net

Member Information

How mail is addressed to you:

Names: _____

Address: _____

May we list your phone # in the church directory?

Yes No

Phone: _____

Email: _____

Which service do you most often attend? 9:30am 11:00am

Adult(s) in the Household (Full names, please)

_____ M F
First Middle Last Preferred Name

_____ _____ _____
Date of Birth Marital Status Date of Marriage

_____ _____ _____
Home Phone Cell Phone Preferred Email

_____ _____ _____
Occupation Work Phone Work Email

_____ M F
First Middle Last Preferred Name

_____ _____ _____
Date of Birth Marital Status Date of Marriage

_____ _____ _____
Home Phone Cell Phone Preferred Email

_____ _____ _____
Occupation Work Phone Work Email

Membership Commitment
Aldersgate United Methodist Church

I, _____, would like to join Aldersgate United Methodist Church

on (date) _____, at 9:30am 11:00am

Joining by Profession of Faith/Reaffirmation of Faith

Transfer of Membership

Name of Previous Church: _____

Address of Previous Church: _____

I have been baptized I would like to be baptized

Date of Baptism (if known): _____

My Commitment to Christ

When you become a member of Aldersgate United Methodist Church, you will be asked the following question:

“As a member of this congregation, will you faithfully participate in its ministries by your prayers, your presence, your gifts, your service, and your witness?”

Please pray about this commitment.

____ **Prayers:** I pledge to pray for the church: for the people in the congregation in need of prayer, and for the church as a whole, and for the community, that we may do what Christ calls us to do.

____ **Presence:** I pledge to be in worship each weekend as often as possible.

____ **Gifts:** I pledge to give a percentage of my income to support Christ’s ministry here, with tithing as my goal.

____ **Service:** I pledge to serve Christ with my time and my God-given gifts.

____ **Witness:** I pledge to share the light of Christ whenever and wherever possible.

____ **Growth:** I pledge to grow closer to Christ by becoming involved in a study group or small group.

Signature

Date

Children in the Household (Full names, please)

_____ M F
First Middle Last Preferred Name

Date of Birth Baptized? Baptism Date and Church

School Attending Grade

_____ M F
First Middle Last Preferred Name

Date of Birth Baptized? Baptism Date and Church

School Attending Grade

_____ M F
First Middle Last Preferred Name

Date of Birth Baptized? Baptism Date and Church

School Attending Grade

_____ M F
First Middle Last Preferred Name

Date of Birth Baptized? Baptism Date and Church

School Attending Grade

Email form to Church (office@aldersgate.net)

Print form

NOTE: The "SUBMIT (Email)" feature may not work if viewing/
editing this PDF in a web browser. If clicking this button does not
open a draft email for you to send, please save the PDF file to
your computer and manually email it office@aldersgate.net.

Please email to office@aldersgate.net
or bring to Church Office