



# Welcome! We're glad you've joined us today.

## Please sign-in so we can know who was with us!

Check Here ONLY if your information has changed.

| Name  | Address | City        | State   | Zip |
|-------|---------|-------------|---|-----|
|       |         |             |   |     |
| Email |         | Phone ( ) - | <input type="checkbox"/> Member or Regular Attender<br><input type="checkbox"/> This is my first visit<br><input type="checkbox"/> I desire a pastoral call |     |

Check Here ONLY if your information has changed.

| Name  | Address | City        | State   | Zip |
|-------|---------|-------------|---|-----|
|       |         |             |   |     |
| Email |         | Phone ( ) - | <input type="checkbox"/> Member or Regular Attender<br><input type="checkbox"/> This is my first visit<br><input type="checkbox"/> I desire a pastoral call |     |

Check Here ONLY if your information has changed.

| Name  | Address | City        | State   | Zip |
|-------|---------|-------------|---|-----|
|       |         |             |   |     |
| Email |         | Phone ( ) - | <input type="checkbox"/> Member or Regular Attender<br><input type="checkbox"/> This is my first visit<br><input type="checkbox"/> I desire a pastoral call |     |

Check Here ONLY if your information has changed.

| Name  | Address | City        | State   | Zip |
|-------|---------|-------------|---|-----|
|       |         |             |   |     |
| Email |         | Phone ( ) - | <input type="checkbox"/> Member or Regular Attender<br><input type="checkbox"/> This is my first visit<br><input type="checkbox"/> I desire a pastoral call |     |

Check Here ONLY if your information has changed.

| Name  | Address | City        | State   | Zip |
|-------|---------|-------------|---|-----|
|       |         |             |   |     |
| Email |         | Phone ( ) - | <input type="checkbox"/> Member or Regular Attender<br><input type="checkbox"/> This is my first visit<br><input type="checkbox"/> I desire a pastoral call |     |

Check Here ONLY if your information has changed.

| Name  | Address | City        | State   | Zip |
|-------|---------|-------------|---|-----|
|       |         |             |   |     |
| Email |         | Phone ( ) - | <input type="checkbox"/> Member or Regular Attender<br><input type="checkbox"/> This is my first visit<br><input type="checkbox"/> I desire a pastoral call |     |