

**ALLEN CHAPEL A.M.E. CHURCH  
ANNUAL MEMBERSHIP SURVEY**

Allen Chapel A.M.E. Church conducts an annual survey of its membership to confirm intent for continued membership and to ensure contact information is current.

Membership is determined by your profession of saving faith in the Lord Jesus Christ, regular attendance at worship services; regular contributions to the support of the church, contribution of one's time and talents to church, and acceptance to be governed by The Book of Discipline of the African Methodist Episcopal Church. You are a member during temporary or extended absences provided the church is able to confirm your intent to continue membership. **Print and fax this completed form to 202-889-2198.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
           Last Name,    First Name,    Middle Initial

Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Wedding Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
           Last Name,    First Name,    Middle Initial

Address: \_\_\_\_\_  
           Number, Street, Apt. #  
           \_\_\_\_\_  
           City, State, Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Class Leader: \_\_\_\_\_ (Class Leader will assigned, if unknown)

**Family Member Information:**

Name	Date of Birth	Member Status (See below)	Male/ Female	Date Joined	Date Baptized	Registered Voter (Y/N)
Yours	/ /					
Spouse	/ /					
Child	/ /					
Child	/ /					
Child	/ /					
	/ /					
	/ /					
	/ /					

**Membership Status:**

Please enter one of the following for each family member in the above table under member status:  
 Active, Inactive, Probation, Student, Left with certificate, Left without certificate, or Deceased

**Please let us know if you participate in any church ministries.**

Member/Organization: \_\_\_\_\_  
 Member/Organization: \_\_\_\_\_  
 Member/Organization: \_\_\_\_\_  
 Member/Organization: \_\_\_\_\_

Allen Chapel A.M.E. Church officers and employees shall use membership information solely for the purpose of performing services as an officer or employee, and may not disclose or sell nonpublic information to individuals and entities that do not have a legitimate need for such information.

I agree that the contact information provided on this form may be shared with other church members upon request to support the church ministries or birthday information (month & date only) may be shared in church publications for celebratory purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_