



11th and K Sts, NW Washington, DC 20001-4488
Tel: 202.628.0009 | Fax: 202.783.0519

MEMBERSHIP PROFILE

This information is for official church use only. Please print clearly.

In the space below, please write your name as you would like it to appear in the membership roster and on mailings.

NAME: _____

Please check the title you prefer: Mr. ___ Mrs. ___ Miss ___ Ms. ___ Dr. ___ Other ___

ADDRESS:

PHONE NUMBERS: Home _____ Office _____ Cell _____

DATE OF BIRTH: _____

(Month, Day, Year)

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION: _____

MARITAL STATUS: Single _____ Married (Date) _____ Divorced _____ Widowed _____

NAME OF SPOUSE: _____

SPOUSE'S CHURCH MEMBERSHIP (if not an Asburian). Name and location (Optional)

YOUR MEMBERSHIP INFORMATION:

Profession of Faith _____ Reaffirmation _____ Transfer _____
(Year) (Year) (Year)

Baptized: _____
Place Date

Confirmed: _____
Place Date

Transfer from (church name and location): _____

Where are you in your discipleship? This question pertains to your current stage of spiritual growth and commitment to following Jesus Christ. Please consider factors such as your understanding of scripture, your consistency in prayer, your active service within the community, and your willingness to share your faith with others. How actively are you learning and living out the teachings of Jesus in your daily life? Check the appropriate discipleship stage.

Discipleship Stage:

___ **New Believer:** I recently accepted Jesus, I am still learning basic Christian principles, and I am actively exploring faith.

___ **Growing:** I have developed a deeper relationship with God; I study scripture regularly, participate in community activities, and seek Christian mentorship.

___ **Mature Disciple:** I have a solid foundation in faith, I actively share the Gospel, I mentor others, and I demonstrate Christ-like character in my daily life.

IMMEDIATE FAMILY MEMBERS AT ASBURY:

	NAME	ADDRESS	BIRTH DATE	BAPTISM DATE	CONFIRMATION DATE
SPOUSE					
CHILDREN					
OTHER					

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME	TELEPHONE NUMBER	RELATIONSHIP

TALENTS, SKILLS, AND SPECIAL INTERESTS

List the organizations and/or committees in Asbury to which you are (or have been) a member or officer. Use an extra sheet if necessary.

NAME OF ORGANIZATION OR COMMITTEE	DATES OF MEMBERSHIP	OFFICER OR MEMBER

AREAS OF SPECIAL INTEREST:

If you want to use your talents and skills to work in one of the following areas, please indicate by checking the area(s) below. Please note that this list is not exhaustive.

MISSIONS

- Clothing and Toiletries
 Food Pantry
 National & International Missions

- Neighbor-to-Neighbor Breakfast
 Health and Welfare

COMMUNICATIONS

- Print media
 Social media

- Audiovisual (live streaming, etc.)

CONGREGATION CARE (Care Ministries)

- Bereavement
 Caregivers Support
 Memorials Ministry

- Wellness calls
 Prayer Ministry
 Membership Assimilation & Records Committee
 Prayer Bead Ministry

FAITH FORMATION

- Church School
 Children and Family Ministry
 Youth Ministry
 Young Adult Ministry

- Higher Education and Campus Ministry
 Senior Adult Ministry
 Bible Study
 History and Archives

WITNESS (Evangelism & Outreach)

- Archives and History
 Communications
 Lay Servants
 Digital Evangelism
 Evangelism

- Advocacy & Social Action
 ANC2F Liaison
 Downtown Congregation Liaison
 Dinner Church

WORSHIP & LITURGICAL ARTS

- Worship Planning
 Sing in choir
 Communion Stewards
 Greeters
 Wedding Ministry

- Ushers (Women)
 Ushers (Men)
 Acolytes
 Asbury Performing Arts Theatre
 Hand Bell Ringers
 Liturgist

HOSPITALITY

- Substitute hospitality desk coverage
 Substitute office coverage

ADMINISTRATION

- Trustees
 Staff Parish
 Finance
 Lay Leadership Development

- Endowment
 Stewardship
 Church Council Member
 Church Council Secretary

If you have an interest not listed above, please list it here.

 Signature _____ Date _____