

FLC Contact Information Form

Household Information

Are you a member?		Yes	No	Date of Birth		Gender	M	F
First Name				Single		Married		Widowed
Middle Name*				Divorced		Cohabitate		
Last Name				Anniversary Date				
Home Phone		Work Phone		Cell Phone		Ceil Provider**		
Address 1				Mail Preference***	Email		USPS	
Address 2				Baptized?	Yes	No	Date	
City				Have you taken Class:		101		201
ST		ZIP		301		401		501

Spouse Information

First Name				Date of Birth		Gender	M	F
Middle Name								
Last Name				Cell Phone		Ceil Provider*		
Home Phone		Work Phone		Baptized?	Yes	No	Date	

Children

First Name				Date of Birth		Gender	M	F	
Middle Name				Baptized?	Yes	No	Date		
Last Name									
School Type	Elementary		Middle		High	College		Other	Explain:
Grade		School Name							
Medical Notes:									

First Name				Date of Birth		Gender	M	F	
Middle Name				Baptized?	Yes	No	Date		
Last Name									
School Type	Elementary		Middle	<input type="checkbox"/>	High	College		Other	Explain:
Grade		School Name							
Medical Notes:									

First Name				Date of Birth		Gender	M	F	
Middle Name				Baptized?	Yes	No	Date		
Last Name									
School Type	Elementary		Middle		High	College		Other	Explain:
Grade		School Name							
Medical Notes:									

*In the event in which we have identical names the member household will be identified by the "Middle" name.

** The SMS (Cellular) provider is required to take advantage of SMS (Text) messages.

*** Opting for Email Correspondence will not remove your household receiving the yearly giving statement.