



Membership Form

Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Are you:
Married _____ Divorced _____ Single _____

Children:
Yes _____ No _____

If yes how many: _____
What are the ages: _____

Employed:
Yes _____ No _____

If Yes:
Full time _____ Part time _____

What kind of work do you do?

Are you currently attending school?

Yes _____ No _____

If yes what is the goal?

Briefly, what has brought you to Alabaster Vessels?

Signature _____ Date _____

Group Assigned _____