



## 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 \_\_\_\_\_