



Membership Update Form

Grace Hmong Alliance Church
4400 N Mayfair Rd., * Wauwatosa, WI 53225 * Tel. (414) 643-5272
Email: info@ghalliance.org, * Website: www.ghalliance.org

(Check all apply) Mr. Mrs. Miss
 Married Single Widow/widower Divorced Separate

Official Name: Hmong Name: Membership ID:

Address:

City: State: Zip Code:

Phone Number: Email:

Reason for update: Please check and fill in the information _____

- A. **Change of Address** (above is new address)
- B. **Change of Phone Number** (above is new phone)
- C. **Over 18/married**-Renew as Self/Separate Member. Parents' Name:

List all household members include children under 18 years old and yourself in Table C. Other than that list in D, E, F accordingly.

No	Name	M/F	DOB	Date of Baptism	Relationship

D. **Adding:** New Born/Children/Spouse/Parents

No	Name	M/F	DOB	Date of Baptism	Relationship

E. **Member Moved Out:** (Circle all that apply) **Married, Moved out of state, Deceased, Other** _____

No	Name	M/F	DOB	Date of Baptism	Relationship

F. **Other:** Please List

Signature: Current Date:

Office Use Only

Received By: Date Received: PC Updated:

Remarks: