



Membership Update Form

Grace Hmong Alliance Church

14665 W Lisbon Rd., * Brookfield, WI 53005 * Tel. (414) 643-5272

Email: ghalliance1@yahoo.com, * 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 fo update: Please check and fill in 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: