Member Contact Information Up-date 2018-2019

How would	you like to receiv	e the Immanuel n	ewsletter?	[] USF	PS [] Email	[] Both	[] Neither	
•	Future newslette	an also be found or ers will be sent ou pped off, mailed,	t according t	o infor	matio	n receive	d on this fo		31.
Household r	name (last name))							
Members in	this household (Use back of form	if more roon	n is nee	eded.)				
Name		Cell #		ed le yes d	or no	Email			
				es	No				
			Y	es	No				
			Y	es	No				
			Yo	es	No				
			Yo	es	No				
			Yo	es	No				
Mailing add	ress								_
Street address					city		state	zip code	•
Home phone	e		listed? yes	no					
Please indica	ate which volunte	eer worship tasks	you want to	assist	with.	Indicate	which famil	y member(s)wishes t	:0

Please indicate which volunteer worship tasks you want to <u>assist</u> with. Indicate which family member(s)wishes to volunteer behind each task. Training is available if you want to help in a new area. Thank you!

Task	Name	5:30 Sat Service	8:00 Sun Service	10:30 Sun Service
Communion				
Assistant				
Usher				
Lector				
Altar Care				
Deliver Children's Message				
Greeter				
Office volunteer (stuff bulletins, etc.)				