



# NEW MEMBER ENROLLMENT FORM

First Presbyterian Church of Las Vegas  
1515 W. Charleston Boulevard, Las Vegas, Nevada 89102  
(702) 384-4554 FAX (702) 385-1698  
web site: [www.fpcvegas.org](http://www.fpcvegas.org)

Name \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F  
*first middle last nickname (preferred name) date of birth circle*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell. Phone \_\_\_\_\_

I am:  Single  Engaged  Married Spouse's Name \_\_\_\_\_

Children at Home: \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_

Vocation \_\_\_\_\_ Ordained Presbyterian  Elder  Deacon  
*(if retired, previous profession)*

I have never been baptized  I was baptized at \_\_\_\_\_  
*church, city and date*

## Method of Joining

**Profession of Faith** - If you have never been baptized OR if you have never been confirmed into church membership (G-5.0101d)

**Certificate of Transfer** - If you have been a member of another church, we will write for your certificate of transfer. (G-5.0101e)

Church Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Reaffirmation of Faith**- If your name has been deleted from membership rolls in a former church OR if your former membership is non-transferable. *Some will not dismiss members to a different denomination.* (G-5.0101f)

Have you been involved with other churches?  Yes  No

What have you done to participate in the life of these congregations? \_\_\_\_\_

\_\_\_\_\_