



Member's Personal Information

PLEASE FILL OUT **ONE PER ADULT** &
RETURN TO A LEADER OR SCAN & EMAIL TO
SPIRITUALPATHWAYS@HVBC.ORG.AU

The information collected is only accessible by leadership,
and used to communicate with and support our members
in accordance with our privacy policy

Personal Information

Full name

Date of Birth

Mobile phone

Home phone

Address

Email

Occupation

Relevant allergies or ailments

Spouse

Child 1 Name:

Child 1 D.O.B:

School:

Grade:

Child 2 Name:

Child 2 D.O.B:

School:

Grade:

Child 3 Name:

Child 3 D.O.B:

School:

Grade:

Child 4 Name:

Child 4 D.O.B:

School:

Grade:

Church Involvement

Where I serve at HVBC

External Ministry Involvement

Previous Church Ministry Involvement

Year started at HVBC

Baptized?

Yes No Interested

Life Group?

Yes No Interested

Any Additional Information

[Multiple horizontal gray bars for additional information input]

Child 5 Name:

Child 5 D.O.B:

School:

Grade:

Child 6 Name:

Child 6 D.O.B:

School:

Grade: