



MEMBERSHIP PROFILE FORM

Please complete legibly and return
to DHCC Admin Dept.

OFFICIAL USE ONLY: ID no:

PHOTO

Physical Membership _____
DHCCvCHURCH _____

Confidential Once Completed

PERSONAL INFORMATION

FAMILY NAME: _____ FIRST NAME: _____

TITLE: Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Other _____ (SELECT/COMPLETE AS APPLICABLE)

EMAIL ADDRESS:

PHONE:

DATE OF BIRTH:

PLACE OF BIRTH:

GENDER:

M ☐ F ☐

Ethnic background (optional):

CURRENT ADDRESS:

Apt No:

CITY:

STATE:

ZIP:

MARITAL STATUS:

SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW ☐ PREFER NOT TO SAY ☐

Wedding Anniversary:

Month _____ Day _____

NAME OF SPOUSE:

PHONE:

LIST NAMES OF OTHER FAMILY MEMBERS ATTENDING DHCC:

1. _____ RELATIONSHIP _____
2. _____ RELATIONSHIP _____
3. _____ RELATIONSHIP _____
4. _____ RELATIONSHIP _____

IN CASE OF EMERGENCY - CONTACT DETAILS:

NAME: _____ MR. ☐ MS. ☐

RELATIONSHIP:

ADDRESS:

PHONE:

CELL:

Signature _____ Date _____

Signature of Parent/Guardian
(if person is under age 18) _____ Date _____

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