

UPDATE YOUR MEMBERSHIP ROLES

PLEASE PRINT

ADULT 1 NAME: _____

ADULT 2 NAME: _____

GOES BY NAME IF DIFFERENT FROM ABOVE: _____

GOES BY NAME IF DIFFERENT FROM ABOVE: _____

BIRTHDATE: _____

BIRTHDATE: _____

EMAIL ADDRESS(ES): _____

EMAIL ADDRESS(ES): _____

CELL NUMBER: _____

CELL NUMBER: _____

ADDRESS: _____

HOME TELEPHONE: _____

CHILDREN'S NAME(S):

CHILDREN'S BIRTHDAY(S)

EMERGENCY CONTACT INFO: _____
NAME(S) AND TELEPHONE NUMBER (S)

BIRTHDATES AND EMERGENCY CONTACTS WILL NOT BE PUBLISHED IN THE DIRECTORY.

IF YOU WISH ANY OF YOUR INFORMATION TO BE LISTED AS PRIVATE (FOR STAFF USE ONLY) OR NOT MADE PUBLIC IN THE PRINTED OR AN ON-LINE DIRECTORY, PLEASE INDICATE BY CHECKING THE BOX TO THE RIGHT OF THE LINE.

DIRECTORY WILL BE AVAILABLE IN PRINTED FORM AND ON-LINE USING A PASSWORD FOR GALLOWAY MEMBERS.

PLEASE SEND YOUR COMPLETED FORM BY MARCH 22, 2021:

- ELECTRONICALLY WITH OR WITHOUT PICTURE TO GALLOWAYUMC.ORG/DIRECTORY
- FAX TO 601-352-5333
- POSTAL MAIL TO GALLOWAY UMC, 305 N. CONGRESS ST., JACKSON, MS 39201

PLEASE CHECK BELOW IF ANY OF THE FOLLOWING APPLY:

- DESIRE A CALL TO SCHEDULE PHOTO OPPORTUNITY
- DESIRE TO RECEIVE MONTHLY SPOTLIGHT VIA E-MAIL
- DESIRE TO RECEIVE MONTHLY SPOTLIGHT VIA USPS
- DESIRE TO RECEIVE WEEKLY E-NEWLETTER

IF YOU HAVE ANY QUESTIONS, PLEASE CALL SUSAN RICHARDS, 601-326-3447.