

# HOPE WORSHIP TEAM NEW MEMBER CONTACT SHEET

Date: \_\_\_\_\_

Mr./Mrs./Miss \_\_\_\_\_  
(Name)

Birthday: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date you began attending Hope Assembly: \_\_\_\_\_

## ATTEND SIX PRACTICES: (dates)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

## MEMBERSHIP 101 ATTENDANCE:

Date Attended: \_\_\_\_\_

## BACKGROUND CHECK:

Date Completed: \_\_\_\_\_

## WORSHIP TEAM COVENANT:

Date Signed: \_\_\_\_\_

## THREE-MONTH TRAIL PERIOD DATES:

\_\_\_\_\_