



Small Group Member Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail: _____ Birth Date: _____

Spouse, Children and Birth Dates: _____

Describe your faith journey and present walk with the Lord: _____

How long have you attended Harvest? _____ Where did you previously attend? _____

Describe your relationship with that church currently: _____

Have you completed the Membership@Harvest class? *Yes No* Are you a member of Harvest? *Yes No*

What are you looking for when it comes to a small group? Which evenings work best for you? _____

What, if any, major life issues you are currently facing? _____

AUTHORIZATION: I consent to the information on this form being made available to pastors, staff and small group leaders at Harvest Bible Chapel for the purpose of facilitating my spiritual growth in Christ. I recognize that this information will not be sold, rented or leased, and that my consent may be withdrawn at any time.

Signature

Date

OFFICE USE ONLY:	
Information Rec'd	_____
Small Group Placement:	_____
Orientation Completed:	_____
Database Updated:	_____