



MEMBER SERVICES REQUEST FORM

CONTACT INFORMATION

Campus & Service Time:		Date:
		Type of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In-Service <input type="checkbox"/> _____
Full Name:		
Mailing Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
Work Phone:	Email Address:	
Preferred Response Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		

REQUEST TYPE

<input type="checkbox"/> Address Change	<input type="checkbox"/> Letter of Recommendation
<input type="checkbox"/> Baby Dedication (non-service)	<input type="checkbox"/> Letter of Membership
<input type="checkbox"/> Building Usage	<input type="checkbox"/> Online Giving Assistance
<input type="checkbox"/> Character Reference	<input type="checkbox"/> Prayer Request
<input type="checkbox"/> Communion (non-service)	<input type="checkbox"/> Tithing Report
<input type="checkbox"/> Community Partnership	<input type="checkbox"/> Volunteer Hours (court-appointed)
<input type="checkbox"/> Direct Deposit (Tithes/Offerings)	<input type="checkbox"/> Volunteer Hours (school/organization related)
<input type="checkbox"/> Funeral Request	<input type="checkbox"/> Wedding
<input type="checkbox"/> In-Kind Donation	<input type="checkbox"/> Other: _____
Provide details of request: _____ _____ _____	

FOR OFFICE USE ONLY

Received by: _____ Received Date: _____

Response/Action Taken: _____

Response Date: _____