



Connection Group Member Data Form

Campus: Middletown Dover

Start Date: _____

Meeting Date: _____

Open Slots: No Yes (how many) _____

Meeting Time: _____

Age Group: 20 – 30 30 – 40 50s +

Meeting Location: _____

Stage of Life: _____

Are you: a new group? adding members to an existing group? a multiplying group?

Leader Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Co-Leader/Apprentice (circle one) Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Existing Member's Names:

1. _____

2. _____

3. _____

4. _____

5. _____

New Member Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____

E-mail: _____

Have you been in a Connection Group?

Never In the last year Longer than a year

New Member Information (continued):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____

E-mail: _____

Have you been in a Connection Group?

- Never
- In the last year
- Longer than a year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____

E-mail: _____

Have you been in a Connection Group?

- Never
- In the last year
- Longer than a year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____

E-mail: _____

Have you been in a Connection Group?

- Never
- In the last year
- Longer than a year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____

E-mail: _____

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