



200 W. Lampkin St., Starkville, MS 39759  
Tel 662-323-7382 Fax 662-338-3396  
weekday@first-umc.org  
www.first-umc.org

**VERIFICATION OF MEMBERSHIP\***  
**FIRST UNITED METHODIST CHURCH**  
**STARKVILLE, MS**

*(Please print and complete and turn in along with waiting list application and/or enrollment application)*

Parent(s) Name(s): \_\_\_\_\_

Child(ren's) Name(s) for WDM enrollment: \_\_\_\_\_

Name(s) of SFUMC Members and other aliases: \_\_\_\_\_

*For Pastor Verification:* (Any SFUMC staff member who leads a ministry that you are active in may sign)

Is this member an active member of SFUMC?     YES     NO

Pastor Signature: \_\_\_\_\_ Ministry: \_\_\_\_\_

Pastor Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR SFUMC OFFICE USE ONLY:**

Member verified:  YES  NO      Member at least 6 months?  YES     NO

Office Staff Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Office Staff Printed Name: \_\_\_\_\_

\*In order to benefit from church membership priorities within Weekday Ministries, you must be an active member at SFUMC for at least 6 months and have this form completed and turned in with your application(s).