



Crossroads Participation Form

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Phone number(s) _____

E-mail address(s) _____

Family Members
(Living at home)

Ages
(Children)

Birthdays
(Adults –month/day only)

Church Directory

- I give Crossroads permission to include the above information in the church directory.
- I do not wish to be included in the church directory.

E-mail Your e-mail address: _____

- I would like to receive weekly Crossroads news and announcements.
- I would like to be included on the Crossroad’s prayer and family concerns e-mail list.
- I would like to be included on the Freeborn County prayer chain e-mail list.

Mail Slot (Members automatically receive a mail slot)

- I am unsure about membership at this time but would like to have a mail slot.

Crossroads Chronicle (Monthly newsletter)

- Please send the “Crossroads Map” (Monthly newsletter) to me each month by e-mail.
E-mail address: _____
- I will pick up my copy of the Crossroads Chronicle at church.

Crossroads Family Photo Album

- I would like to be included in the Crossroads Family Photo Album. Please send me more information.

Small Group

- I am interested in joining a small group. Please contact me with more information.

Signature: _____

Date: _____