

# OCC GROUP INQUIRY



Name: \_\_\_\_\_ Date of Birth: (MM/DD/YY) ( \_\_\_ / \_\_\_ / \_\_\_ )

Phone: *Home* \_\_\_\_\_ *Work* \_\_\_\_\_ Best time/number to call: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Profession: \_\_\_\_\_

If you have children at home, what are their names and ages? \_\_\_\_\_

\_\_\_\_\_

Would you prefer to receive communication via email? Yes \_\_\_ No \_\_\_

Are you a member of OCC? Yes \_\_\_ No \_\_\_ How long have you been attending: \_\_\_\_\_

Are you currently in a group? Yes \_\_\_ No \_\_\_

If yes, please name the group(s) and whether you wish to remain in that group: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What NEW group opportunities would you like to investigate? List one from this service catalog or name your own idea/dream of a group:

Life Group: \_\_\_\_\_

Study Group: \_\_\_\_\_

Support Group: \_\_\_\_\_

Activity Group: \_\_\_\_\_

Would you consider becoming a Life Group Host? \_\_\_\_\_

Other comments/info we should know to help serve you better in the coming year: \_\_\_\_\_

\_\_\_\_\_

