

ST. PHILIPS EPISCOPAL CHURCH MEMBERSHIP FORM

Membership Date _____

General Information

Member Last Name _____ First _____ (Maiden Name) _____

D.O.B. ___/___/___ Baptismal Date ___/___/___ Confirmation date or place _____

Spouse Last Name _____ First _____ (Maiden Name) _____

D.O.B. ___/___/___ Baptismal Date ___/___/___ Confirmation date or place _____

Mailing Address _____ Apt. _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____

Would you like to be added to our automated phone tree? Yes No

Family Information

Names of children becoming members with you

1. Last Name _____ First _____ M F D.O.B. ___/___/___ School Grade _____

Baptismal Date ___/___/___ Confirmation date or place _____

2. Last Name _____ First _____ M F D.O.B. ___/___/___ School Grade _____

Baptismal Date ___/___/___ Confirmation date or place _____

3. Last Name _____ First _____ M F D.O.B. ___/___/___ School Grade _____

Baptismal Date ___/___/___ Confirmation date or place _____

4. Last Name _____ First _____ M F D.O.B. ___/___/___ School Grade _____

Baptismal Date ___/___/___ Confirmation date or place _____

Emergency Contact Person _____ Phone Number _____

Spiritual Information

Are you presently a member of a church? Yes No

If 'yes,' have you secured your transfer or release? Would you like us to take care of that for you?

Name and address of your former church _____

How did you come to attend this congregation? Invited Phonebook Website Facebook

Who do you know in this congregation? _____