

Date completed: _____

Member since: _____
(month/year)

St. John's Episcopal Church - Membership Information Form

All information will remain confidential unless permission is received.

Please print clearly

Would you like to receive our weekly eNews and other information via email? Yes No

Do you wish your contact information to be published in the Church Directory? Yes No

Member Full Name: _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Date, Church & Denomination of Baptism: _____

Confirmed in the Episcopal Church: Yes No *If "yes" date:* _____

Would you like to be Baptized or Confirmed? Yes No Do you wish your membership transferred? Yes No

Present Church Membership & Address:

Second Member Full Name: _____

Relationship to first Member: _____ *If Married, Date:* _____

Address: *(if different from first Member)* _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Date, Church & Denomination of Baptism: _____

Confirmed in the Episcopal Church: Yes No *If "yes" date:* _____

Would you like to be Baptized or Confirmed? Yes No Do you wish your membership transferred? Yes No

If requesting transfer: present church membership & address:

Third Member Name: _____

Relationship to first Member: _____ to second member: _____

Address: *(if different from first Member)* _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Date, Church, and Denomination of Baptism: _____

Confirmed in the Episcopal Church: Yes No *If "yes" date:* _____

Would you like to be Baptized or Confirmed? Yes No Do you wish your membership transferred? Yes No

If requesting transfer: present church membership & address:

Fourth Member Name: _____



Relationship to first Member: _____ to second member: _____

Address: (if different from first Member) _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Date, Church & Denomination of Baptism: _____

Confirmed in the Episcopal Church: Yes No If "yes" date: _____

Would you like to be Baptized or Confirmed? Yes No Do you wish your membership transferred? Yes No

If requesting transfer: present church membership & address: _____

Fifth Member Name: _____

Relationship to first Member: _____ to second member: _____

Address: (if different from first Member) _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Date, Church & Denomination of Baptism: _____

Confirmed in the Episcopal Church: Yes No If "yes" date: _____

Would you like to be Baptized or Confirmed? Yes No Do you wish your membership transferred? Yes No

If requesting transfer: present church membership & address: _____

Sixth Member Name: _____

Relationship to first Member: _____ to second member: _____

Address: (if different from first Member) _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Date, Church & Denomination of Baptism: _____

Confirmed in the Episcopal Church: Yes No If "yes" date: _____

Would you like to be Baptized or Confirmed? Yes No Do you wish your membership transferred? Yes No

If requesting transfer: present church membership & address: _____

In what way may St. John's Episcopal Church help or serve you?

Your occupation and life experiences have been given as gifts from God. What talents do you have so share that could help St. John's and to grow the family of Christ?

Thank you.

