



Membership Form

Family Name	<small>Last Name(s)</small>
Family Address	<small>Street Address, Apartment, City, State, Zip+4</small>
Home Phone	

We wish to transfer our membership from another Episcopal Church

Name and Location of Church:

HEAD OF HOUSEHOLD					
Full Name	<small>Prefix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Preferred Name	Date & City of Birth		Gender Identity		<input type="checkbox"/> Female <input type="checkbox"/> Male
Sacraments	<input type="checkbox"/> Baptized	Date _____	Name/Loc of Church _____		
	<input type="checkbox"/> Confirmed	Date _____	Name/Loc of Church _____		
	<input type="checkbox"/> Received	Date _____	Name/Loc of Church _____		
	<input type="checkbox"/> Married	Date _____	Name/Loc of Church _____		
Contact Info	Cell Phone	Email			
Work Info	Occupation	Employer			

SPOUSE					
Full Name	<small>Prefix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Preferred Name	Date & City of Birth		Gender Identity		<input type="checkbox"/> Female <input type="checkbox"/> Male
Sacraments	<input type="checkbox"/> Baptized	Date _____	Name/Loc of Church _____		
	<input type="checkbox"/> Confirmed	Date _____	Name/Loc of Church _____		
	<input type="checkbox"/> Received	Date _____	Name/Loc of Church _____		
	<input type="checkbox"/> Married	Date _____	Name/Loc of Church _____		
Contact Info	Cell Phone	Email			
Work Info	Occupation	Employer			

OTHER FAMILY MEMBER

Relationship Child Parent Other _____

Full Name				
<small>Prefix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Preferred Name		Date & City of Birth	Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male	
Sacraments	<input type="checkbox"/> Baptized	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Confirmed	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Received	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Married	Date _____	Name/Loc of Church _____	
Contact Info	Cell Phone	Email		

OTHER FAMILY MEMBER

Relationship Child Parent Other _____

Full Name				
<small>Prefix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Preferred Name		Date & City of Birth	Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male	
Sacraments	<input type="checkbox"/> Baptized	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Confirmed	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Received	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Married	Date _____	Name/Loc of Church _____	
Contact Info	Cell Phone	Email		

OTHER FAMILY MEMBER

Relationship Child Parent Other _____

Full Name				
<small>Prefix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Preferred Name		Date & City of Birth	Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male	
Sacraments	<input type="checkbox"/> Baptized	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Confirmed	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Received	Date _____	Name/Loc of Church _____	
	<input type="checkbox"/> Married	Date _____	Name/Loc of Church _____	
Contact Info	Cell Phone	Email		