

**ST. BARTHOLOMEW EPISCOPAL CHURCH
MEMBERSHIP INFORMATION FORM – PLEASE PRINT**

FAMILY NAME: _____ (One last name under which all family members will be listed)

Family Main Address Information:

Complete Address: _____
 City: _____ State: _____ ZIP Code: _____
 Home Phone: _____ Listed _____ or Unlisted _____ * email address _____

*** most of the parish communications are done electronically so we appreciate you providing an e-mail address. Thank You**

INDIVIDUAL FAMILY MEMBER INFORMATION:

Family Position: Head _____ or Spouse _____ or Child _____ or Other _____

Last Name: _____ Alternate Address: _____
 First Name: _____ City: _____
 Middle Name: _____ State: _____ ZIP Code: _____
 Goesby Name: _____ Work Telephone: _____ Ext. _____
 Title: _____ Cell Telephone: _____
 Suffix: _____ *E-mail Address: _____
 Date of Birth: _____ Gender: Male _____ or Female _____
 Date Joined: _____ Marital Status: _____
 Joined How: _____ Date of Baptism: _____ Date of Confirmation _____

INDIVIDUAL FAMILY MEMBER INFORMATION:

Family Position: Head _____ or Spouse _____ or Child _____ or Other _____

Last Name: _____ Alternate Address: _____
 First Name: _____ City: _____
 Middle Name: _____ State: _____ ZIP Code: _____
 Goesby Name: _____ Work Telephone: _____ Ext. _____
 Title: _____ Cell Telephone: _____
 Suffix: _____ *E-mail Address: _____
 Date of Birth: _____ Gender: Male _____ or Female _____
 Date Joined: _____ Marital Status: _____
 Joined How: _____ Date of Baptism: _____ Date of Confirmation _____

INDIVIDUAL FAMILY MEMBER INFORMATION:

Family Position: Head _____ or Spouse _____ or Child _____ or Other _____

Last Name: _____ Alternate Address: _____
 First Name: _____ City: _____
 Middle Name: _____ State: _____ ZIP Code: _____
 Goesby Name: _____ Work Telephone: _____ Ext. _____
 Title: _____ Cell Telephone: _____
 Suffix: _____ *E-mail Address: _____
 Date of Birth: _____ Gender: Male _____ or Female _____
 Date Joined: _____ Marital Status: _____
 Joined How: _____ Date of Baptism: _____ Date of Confirmation _____

INDIVIDUAL FAMILY MEMBER INFORMATION:

Family Position: Head _____ or Spouse _____ or Child _____ or Other _____

Last Name: _____ Alternate Address: _____
 First Name: _____ City: _____
 Middle Name: _____ State: _____ ZIP Code: _____
 Goesby Name: _____ Work Telephone: _____ Ext. _____
 Title: _____ Cell Telephone: _____
 Suffix: _____ *E-mail Address: _____
 Date of Birth: _____ Gender: Male _____ or Female _____
 Date Joined: _____ Marital Status: _____
 Joined How: _____ Date of Baptism: _____ Date of Confirmation _____

PLEASE USE ADDITIONAL FORMS FOR ADDITIONAL FAMILY MEMBERS.

For membership records to be transferred to St. Bartholomew's from another church, please complete the information below:

NAME OF CHURCH: _____

LOCATION OF CHURCH: (city and state) _____

NAMES OF FAMILY MEMBERS TO BE TRANSFERRED: _____

Please use back of this form for any additional information or comments you would like for the church to have.