

## St. John the Divine Membership Information

Full Name: _____	Preferred Name (i.e. Christopher = Chris): _____
Title (Dr., Mr., Mrs., Ms., etc.): _____	Date of Birth: _____
Occupation: _____	
Email: _____	Phone: _____
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Received/Confirmed Episcopalian? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Street Address: _____	
City: _____	State: _____ Zip: _____

Full Name of Spouse: _____	Preferred Name (i.e. Christopher = Chris): _____
Title (Dr., Mr., Mrs., Ms., etc.): _____	Date of Birth: _____
Occupation: _____	
Email: _____	Phone: _____
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Received/Confirmed Episcopalian? <input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status: _____	Anniversary Date (if applicable): _____
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Children's Information					
Name	Gender	DOB	Grade	Baptized? Y/N Date of Baptism	Confirmed Episcopalian? Y/N

<b>Membership Status Request:</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> I wish to transfer my membership from another Episcopal church. Church Name, City, &amp; State: _____</li><li><input type="checkbox"/> I am not Episcopalian, but wish to be confirmed as a member</li><li><input type="checkbox"/> I have never been baptized and feel God's call to do so.</li></ul>

<b>Photo Release: (Please check box if you grant permission)</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> We, grant permission for St. John the Divine to publish photos of us on the church's website and in church publications. Names are never used on website photos.</li></ul>

*In our desire to join St. John the Divine, we understand membership entails regular attendance, participation in faith formation, and an annual financial commitment.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_