



St. John the Divine Membership Form

Family Last Name _____
Street Address _____ City _____, State _____, Zip _____

HEAD OF HOUSE 1:

Formal First Name _____	Nickname _____
Middle Name _____	Last Name _____
Prefix (Mr./Ms./Dr. etc.) _____	Suffix (Jr, IV, etc.) _____
Email _____	Mobile Phone _____
Date of Birth (MM/DD/YYYY) _____	Baptized (Y/N) _____ Date: _____ Confirmed (Y/N) _____ Date: _____

Marital Status _____ Anniversary Date (if applicable) _____

HEAD OF HOUSE 2:

Formal First Name _____	Nickname _____
Middle Name _____	Last Name _____
Prefix (Mr./Ms./Dr. etc.) _____	Suffix (Jr, IV, etc.) _____
Email _____	Mobile Phone _____
Date of Birth (MM/DD/YYYY) _____	Baptized (Y/N) _____ Date: _____ Confirmed (Y/N) _____ Date: _____

CHILDREN:

Full Name (First, Middle, Last, "Nickname")	Gender	DOB (MM/DD/YYYY)	Grade	Baptized? Date?	Confirmed? Date?

Membership Status Request:

- I/we (name) _____ wish to transfer my membership from another Episcopal church.
Church Name, City, State _____
- I/we (name) _____ am not Episcopalian but wish to be confirmed as a member.
- I/we (name) _____ have never been baptized and feel God’s call to do so.

Membership Commitment:

As members of St. John the Divine, we recognize that it involves the following responsibilities:
(please initial each)

___ Regular attendance

___ Participation in faith formation

___ An annual financial commitment

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Please email form to Director of Membership, Kim Jameson, at kjameson@sjd.org