



Trinity 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: **Yes No** *If "yes" Denomination and 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:

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: **Yes No** *If "yes" Denomination and 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:

Additional Member Full 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: **Yes No** *If "yes" Denomination and 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:

Additional Member Full 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: **Yes No** *If "yes" Denomination and 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:

Additional Member Full 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: **Yes No** *If "yes" Denomination and 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:

Additional Member Full 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: **Yes No** *If "yes" Denomination and 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:

Is there any way Trinity Episcopal Church may 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 Trinity and to grow the family of Christ?

Thank you.