Christ Episcopal Church Membership Form

Family Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

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: _____ Baptized: (Y/N) Date: _____ Confirmed: (Y/N) Date: _____

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: _____ Baptized: (Y/N) Date: _____ Confirmed: (Y/N) Date: _____

CHILDREN

Full Name | Gender | DOB | 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 Christ Episcopal Church, we recognized 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 the Director of Membership, Valerie Gambino, at vgambino@ccpvb.org