



Ss. Peter & Paul Antiochian Orthodox Church 2017 MEMBERSHIP INFORMATION FORM

Preferred Household Mailing Name (i.e. "John & Jane Doe" or "The Doe Family")

Street Address

Apt #/Suite

City

State

Zip

Home Phone Number

I am new to Ss. Peter & Paul I am rejoining Ss. Peter & Paul Do not include in church directory

Family Members

Adult # 1

Status: (Single) (Married) (Divorced) (Widowed)

Sex: (Male) (Female)

Name: _____

Birthday (mm/dd/yyyy): _____

Email: _____

Cell Phone: _____

Do not send emails from the Church Office

Do not send text messages from Church Office

Adult # 2

Status: (Single) (Married) (Divorced) (Widowed)

Sex: (Male) (Female)

Name: _____

Birthday (mm/dd/yyyy): _____

Email: _____

Cell Phone: _____

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***Please list all dependent children (17 and under) and relatives living in your household.
A person 18 or older should submit his or her own Membership and Pledge Commitment Form.***

Dependent Family Member

Status: (Single) (Married) (Divorced) (Widowed)

Relation: (Minor Son) (Minor Daughter) (Live-In Relative)

Name: _____

Birthday (mm/dd/yyyy): _____

Email: _____

Cell Phone: _____

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Dependent Family Member

Status: (Single) (Married) (Divorced) (Widowed)

Relation: (Minor Son) (Minor Daughter) (Live-In Relative)

Name: _____

Birthday (mm/dd/yyyy): _____

Email: _____

Cell Phone: _____

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****See back for additional entries****

Dependent Family Member

Status: (Single) (Married) (Divorced) (Widowed) Relation: (Minor Son) (Minor Daughter) (Live-In Relative)

Name: _____ Birthday (mm/dd/yyyy): / /

Email: _____ Cell Phone: _____

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Dependent Family Member

Status: (Single) (Married) (Divorced) (Widowed) Relation: (Minor Son) (Minor Daughter) (Live-In Relative)

Name: _____ Birthday (mm/dd/yyyy): / /

Email: _____ Cell Phone: _____

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Dependent Family Member

Status: (Single) (Married) (Divorced) (Widowed) Relation: (Minor Son) (Minor Daughter) (Live-In Relative)

Name: _____ Birthday (mm/dd/yyyy): / /

Email: _____ Cell Phone: _____

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Dependent Family Member

Status: (Single) (Married) (Divorced) (Widowed) Relation: (Minor Son) (Minor Daughter) (Live-In Relative)

Name: _____ Birthday (mm/dd/yyyy): / /

Email: _____ Cell Phone: _____

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My Stewardship Commitment(s)

Church Organizations:

- Antiochian Women
- Choir/Chanter
- Men's Club
- Teen SOYO
- Young Adult Fellowship
- Order of St. Ignatius

Parish Council Committees:

- Adornment
- Building & Grounds
- Charities
- Cultural Food
- Festival
- Finance
- Stewardship
- Technology

Church Education:

- Bible/Religious Study Sunday
- School teacher

For Office Use Only - Pledge Number Assigned _____