

ST. PAUL'S ANGLICAN CHURCH
BOX 380
CROWNSVILLE, MD 21032



Anglican Province of America

410-923-0293

Membership Information Form

Please give us a photo that may be used in our directory. (May be emailed as a jpeg attachment.)

If you wish to become a member of St. Paul's please complete this form. Please return completed forms to the address above by mail or give it directly to the Rector/Rector's Administrative Asst. Please print your information.

Date of Application _____

Your Name: _____ Date of birth (year not needed): _____

Confirmed: Yes _____ No _____ Desire to be confirmed? Yes _____ No _____

Spouse's Name: _____ Date of birth (year not needed): _____

Confirmed: Yes _____ No _____ Desire to be confirmed? Yes _____ No _____

Anniversary: _____ (Year appreciated, but not necessary)

Home address: _____

City & State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Children, Ages, Date of Birth (check if living at home):

Name(s)	Age(s)	Date of Birth	Living at home?	Confirmed?
_____	_____	_____	Yes ___ No ___	Yes ___ No ___
_____	_____	_____	Yes ___ No ___	Yes ___ No ___
_____	_____	_____	Yes ___ No ___	Yes ___ No ___
_____	_____	_____	Yes ___ No ___	Yes ___ No ___

Remembrances

Each Sunday, we remember many of our church family, by including them in our prayers as well as in our Church Bulletin. If you would like to have someone in your family remembered – the birthday of a daughter-in-law or son-in-law, a family anniversary, a grandchild's birthday, a relative who has died, please give us that information so we may include it in our Church family birthday/anniversary/special remembrances.

Your name: _____

(This is VERY IMPORTANT)

Individual(s) you want to have remembered, relationship, and reason for a special remembrance:

Name(s)/Relationship	Event(s)	Date of Event(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____



The following information would be helpful, but is not mandatory

Employed by: _____ Title/Position: _____

Address: _____

City & State: _____ Zip: _____ Office Phone: (____) _____

Spouse Employed by: _____ Title/Position: _____

Address: _____

City & State: _____ Zip: _____ Office Phone: (____) _____

Current church membership is at: (name & address of church): _____

(If not the same) Current church membership of spouse is at (name & address of church): _____

Do you wish your membership to be transferred to St. Paul's? (Please initial either "Self" or "Spouse" as applicable below.)
Also, you will need to notify your former church and ask that your records be transferred to St. Paul's.

Self _____ Yes, please transfer my membership (and that of the following children) to St. Paul's:

(Names of children): _____

Spouse _____ Yes, please transfer my membership (and that of the following children) to St. Paul's:

(Names of children): _____

____ I am presently a member of St. Paul's. Please ascertain that this appears on the Church records.

____ My spouse is already a member of St. Paul's. Please ascertain that this appears on the Church records.

____ Please ascertain that the names of the following children appear on the records of St. Paul's as members thereof: _____

Signed: _____ Dated: _____

Spouse: _____ Dated: _____

If you have additional information about yourself or your spouse you believe would be pertinent to the Rector or Vestry, please provide it here or on a separate sheet of paper. For example: Service as Senior Warden/Junior Warden, or on the Vestry in prior church memberships; Sunday school teacher, etc. Also list skills which you would be willing to contribute on behalf of St. Paul's. For example: woodworking; sewing, etc.