



THE CHURCH
OF ST. PAUL IN
THE DESERT

MEMBERSHIP INFORMATION

Thank you for your interest in becoming a member at The Church of St. Paul in the Desert. To assist us in providing you with the best ministry possible, we need certain information from you.

- I would be interested in becoming a member of St. Paul in the Desert.
- I would like to be on the parish email list to receive Abundant Lite, a weekly communication from St. Paul.
- I would like to learn more about the parish and its activities. Please send me the parish monthly newsletter.
- I would like to have clergy/staff call on me.
- Date Form Completed _____

NAME 1 - Personal Information

First Name _____ Last name _____ Middle initial _____
 Birthdate ____/____/____ Gender _____ Personal email _____
 Personal cell _____ Work email _____ Work cell _____

NAME 2 - Personal Information

First Name _____ Last name _____ Middle initial _____
 Birthdate ____/____/____ Gender _____ Personal email _____
 Personal cell _____ Work email _____ Work cell _____

Family Household Information

Marital status _____ (Married, single, divorced, widowed, alternative) Anniversary date _____
 Household street _____
 City _____ State _____ Zip _____
 Home phone _____ Home email _____

May we publish your address in the St. Paul in the Desert directory? Yes No (circle). We will use your main address unless otherwise notified. May we publish your home telephone in the directory? Yes No (circle)

Alternate Address

Street _____ City _____
 State _____ Zip _____ Phone _____ email _____
 What dates are you at this address? _____ Would you like to receive mail at this address? Yes No (circle)

Previous Parish and Sacrament Information:

Please request a "Letter of Transfer" from my previous Parish. Yes No (circle)

Name of previous Parish _____
 City _____ State _____ Zip _____ Phone _____

Name 1:
 Baptism date ____/____/____ Parish name: _____
 Denomination _____ City _____ State _____ Zip _____
 Confirmation date ____/____/____ Parish name: _____
 Denomination _____ City _____ State _____ Zip _____

Name 2:
 Baptism date ____/____/____ Parish name: _____
 Denomination _____ City _____ State _____ Zip _____
 Confirmation date ____/____/____ Parish name: _____
 Denomination _____ City _____ State _____ Zip _____

Stewardship: Special skills that you would like to utilize within the church _____

If you have children, still living at home, please ask for a "Children Membership Form".