



Membership Form for St. John's Episcopal Church in Huntington, IL

Contact Information

Name	
Birthday	
Street Address	
City ST ZIP Code	
Home Phone	Work Phone
Your E-mail Address	
Date and Place of Baptism	

Spouse or Partner Contact Information

Name	
Birthday	
Street Address	
City ST ZIP Code	
Home Phone	Work Phone
Anniversary	
E-mail Address	
Year, church and city/state of baptism	

Family Information for dependent children

1st Child's Name	
Birthday and grade in school	
Date and Place of Baptism	
Is your child confirmed (age 13 or 8 th grade)	
2nd Child's Name	
Birthday and grade in school	
Date and Place of Baptism	
Is your child confirmed (age 13 or 8 th grade)	
3rd Child's Name	
Birthday and grade in school	
Date and Place of Baptism	
Is your child confirmed (age 13 or 8 th grade)	
Birthday and grade in school	
Is your child Baptized? If so, please give us the approximate date and place.	
Are you interested in having your child baptized or confirmed?	

Membership Details

I want to be a member of St. John's.

Please give me a pledge number so I can get tax credit for my offerings

I am already an Episcopalian. I have been baptized and confirmed in the Episcopal Church.

I have been baptized and have been confirmed by either the Lutheran, Roman Catholic or Orthodox church. I would like to be "received" (welcomed) into the Episcopal church.

I have been baptized but **not** confirmed by the Episcopal, Lutheran, Roman Catholic or Orthodox church, so I'd like to be confirmed when the Bishop visits next.

I need to transfer my membership from another Episcopal church to St. John's. (name and place of church) _____

Please list my spouse/partner and children as members also.

I have a child eligible for youth group, please keep us informed of events. (give us your email and your child's email if applicable) _____

I have a child/children who need to be enrolled in Sunday School (ages 4 – 12). Please list:

I am on facebook. Let's be friends.

I prefer to receive my monthly newsletter electronically. My email: _____

Sign me up for the weekly e-news update from the Rector. This lists upcoming events, the week's bible lessons and prayers and links to bible study. My email _____

Please Check all your interests at St. John's.

Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Working in Mission and Outreach |
| <input type="checkbox"/> Coffee Cost | <input type="checkbox"/> Being a welcome minister (greeting our guests) |
| <input type="checkbox"/> Serving on Altar Guild | <input type="checkbox"/> I play an Instrument _____ |
| <input type="checkbox"/> Lector /Chalice Server | <input type="checkbox"/> Serving on Vestry or on a Leadership Team |
| <input type="checkbox"/> Being a Greeter/Usher | <input type="checkbox"/> Working with Gardening and Grounds |

Agreement and Signature

I give permission for my photo and that of my underage children to be used in church newsletters, brochures or the website. I also give permission for any representative of St. John's Episcopal Church to obtain medical care or transportation for myself and/or my underage children listed above in the event of a medical emergency to include doctor's care, medical transportation and emergency room admittance.

Name (printed)	
Signature	
Date	