

# *Saint Margaret's Anglican Church*

Please take a few minutes to fill-out this form so that our church membership records are accurate  
PLEASE PRINT

## **Head of Household:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date Married: \_\_\_\_\_

Special Needs or Comments: \_\_\_\_\_

Previous Church (if any): \_\_\_\_\_

How did you hear about St. Margaret's? \_\_\_\_\_

Directions to your home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Spouse:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Special Needs or Comments: \_\_\_\_\_

## **Dependent Children:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Special Needs or Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Special Needs or Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Special Needs or Comments: \_\_\_\_\_

(continued on other side)

Please list the names of members of your household that would like to participate in, or would like additional information on, the following activities/volunteer opportunities. We welcome your help!

Activity	Name	Name	Name
Acolyte			
Altar Guild			
Bible Study Leader			
Choir			
Coffee Hour Server			
Lay Reader			
Ladies Group			
Men's Group			
Newsletter			
Sunday School Student			
Sunday School Teacher			
Usher			
Welcoming Committee			
Youth Group			
Other			

Please use this space for *any* comments, ideas, or suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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