

TRINITY CHURCH

Asbury Park, NJ

*Welcome as a Member of Trinity Church,
please help us get to know one another better by filling in the following...*

Date: _____

Name 1: _____ **Date of Birth:** _____

Email: _____ **Cell:** _____

Check here if you would like to be added to our email newsletter/info list

Occupation: *(completely optional)* _____

Baptism Information (if applicable)

Date of your baptism: _____ **Place of baptism:** _____

Have you been a member of another Episcopal Church before? Yes / No

If so, what is the church's name and where is it located so we can transfer your membership?

Church name: _____ City/State: _____

Name 2: _____ **Date of Birth:** _____

Email: _____ **Cell:** _____

Check here if you would like to be added to our email newsletter/info list

Occupation: *(completely optional)* _____

Baptism Information (if applicable)

Date of your baptism: _____ **Place of baptism:** _____

Have you been a member of another Episcopal Church before? Yes / No

If so, what is the church's name and where is it located so we can transfer your membership?

Church name: _____ City/State: _____

Please continue on to the back page

Household Mailing Address: _____ **Apt #** _____

_____ **Zip code** _____

Household Home Phone: _____

Is there an anniversary that you would like to share with us?

Date

Event

Children and Other members of your Immediate Family (*at the same address*):

Name

Relationship to you

Date of Birth

Date & Place of Baptism (if applicable)
