



SAINT TIMOTHY'S

NEW TRANSFERRING MEMBERS

INFORMATION FORM

SEEKING NEW MEMBERS TO AID IN FURTHERING GOD'S MISSION
OF RESCUE AND REDEMPTION FOR HIS CREATION

MEMBER PERSONAL INFORMATION	
FULL NAME	
PREFER TO BE CALLED:	
TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> (Fill in) _____
MAIDEN NAME (IF APPL)	
DATE OF BIRTH	
CITY / STATE OF BIRTH:	
CURRENT STREET ADDRESS	
CITY, STATE ZIP	
HOME PHONE ⁽¹⁾	
BUSINESS PHONE ⁽¹⁾	
CELL PHONE ⁽¹⁾	
EMAIL ADDRESS ⁽²⁾	
MARITAL STATUS	
NAME OF SPOUSE (IF APPL)	
DATE OF MARRIAGE (IF APPL)	
PLEASE TELL US A FEW THINGS ABOUT YOURSELF (HOBBIES, (OCCUPATION, AND INTERESTS)	
WHAT MINISTRIES MIGHT YOU BE INTERESTED IN:	
MEMBERSHIP TRANSFER INFORMATION	
FORMAL TRANSFER REQUEST WILL ONLY BE MADE TO ANGLICAN/EPISCOPAL CHURCHES	
NAME OF CHURCH YOU ARE TRANSFERRING FROM	
DENOMINATION	
CHURCH ADDRESS	
DATE OF BAPTISM	
NAME OF CHURCH WHERE BAPTIZED	
BAPTISM CHURCH ADDRESS	
DATE OF CONFIRMATION ⁽³⁾	
NAME OF CHURCH WHERE CONFIRMED ⁽³⁾	
CONFIRMATION CHURCH ADDRESS ⁽³⁾	

(1) PLEASE GIVE US ONE PHONE NUMBER FOR EMERGENCIES; MORE THAN ONE IS APPRECIATED, BUT DISCRETIONARY

(2) EMAIL IS ONLY FOR OUR RECORDS; IT DOES NOT AUTOMATICALLY SIGN YOU UP FOR THE NEWSLETTER

(3) CONFIRMATION IS NOT REQUIRED FOR MEMBERSHIP

CHILDREN YOU WOULD HAVE TRANSFERRED OR RECOGNIZED AS MEMBERS OF ST. TIMOTHY'S (FILL OUT ON HEAD OF HOUSEHOLD OR SPOUSE FORM ONCE ONLY PLEASE)			
FULL NAME			
DATE OF BIRTH		AGE	
SCHOOL		GRADE	
HAS CHILD BEEN BAPTIZED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BAPTISM	
BAPTISM CHURCH & ADDRESS			
HAS CHILD BEEN CONFIRMED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CONFIRMATION	
CONF. CHURCH & ADDRESS			
FULL NAME			
DATE OF BIRTH		AGE	
SCHOOL		GRADE	
HAS CHILD BEEN BAPTIZED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BAPTISM	
BAPTISM CHURCH & ADDRESS			
HAS CHILD BEEN CONFIRMED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CONFIRMATION	
CONF. CHURCH & ADDRESS			
FULL NAME			
DATE OF BIRTH		AGE	
SCHOOL		GRADE	
HAS CHILD BEEN BAPTIZED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BAPTISM	
BAPTISM CHURCH & ADDRESS			
HAS CHILD BEEN CONFIRMED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CONFIRMATION	
CONF. CHURCH & ADDRESS			
FULL NAME			
DATE OF BIRTH		AGE	
SCHOOL		GRADE	
HAS CHILD BEEN BAPTIZED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BAPTISM	
BAPTISM CHURCH & ADDRESS			
HAS CHILD BEEN CONFIRMED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CONFIRMATION	
CONF. CHURCH & ADDRESS			
FOR ST. TIMOTHY'S OFFICE USE ONLY			
<input type="checkbox"/> Transfer letters sent on (date):		By:	
<input type="checkbox"/> Transfer letters received on (date):		By:	
<input type="checkbox"/> Input into membership database (date):		By:	