St Aidan's Episcopal Church Member Profile

Please help our staff serve you better by completing this form if you are a new member to our church family and would like to be included in our data base, or if you are a current member and your information has changed. Please return this form to St Aidan's office, or (if tech savvy) scan and send as a PDF to office@staidansci.org. Thank you.

Date: _____

Full Name:_____ (Like to be called:_____)

Address (city, state, and zip):_____

Name of neighborhood or subdivision:_____

Home Phone: _____**Cell Phone**: _____

Work Phone: _____**Email(s)**: _____

Website: _____ **Occupation** (now or before retirement): _____

Date of Birth: _____ **Place of Birth**: _____

Date of Anniversary: _____ **Place of Marriage**: _____

Baptized? Y / N Date, Church, and Location:_____

Confirmed? Y / N Date, Church, and Location: _____

Received? Y / N Date, Church, and Location: _____

If not currently a member, do you wish to become a member of St Aidan's Episcopal Church? Y / N
If *yes*, do you wish to transfer your membership from another church? Y / N
If *yes*, name and city of the previous church: _____

Favorite Hymns: _____

_____

Favorite Scripture Lessons or Verses: _____

_____

(Spouse) Full Name:_____(Like to be called:_____)

Home Phone: _____**Cell Phone**: _____

Work Phone: _____**Email(s)**: _____

Website: _____**Occupation** (now, or before retirement): _____

Date of Birth: _____ **Place of Birth**: _____

Baptized? Y / N Date, Church, and Location:_____

Confirmed? Y / N Date, Church, and Location: _____

Received? Y / N Date, Church, and Location: _____

If not currently a member, do you wish to become a member of St Aidan's Episcopal Church? Y / N
If *yes*, do you wish to transfer your membership from another church? Y / N
If *yes*, name and city of the previous church: _____

Favorite Hymns: _____

_____

Favorite Scripture Lessons or Verses: _____

_____

Child under 18 full name: _____ (Like to be called: _____)

Date of Birth: _____ **Place of Birth**: _____

Baptized? Y / N Date, Church, and Location:_____

Confirmed? Y / N Date, Church, and Location: _____

Received? Y / N Date, Church, and Location: _____

Child under 18 full name: _____ (Like to be called: _____)

Date of Birth: _____ **Place of Birth**: _____

Baptized? Y / N Date, Church, and Location:_____

Confirmed? Y / N Date, Church, and Location: _____

Received? Y / N Date, Church, and Location: _____

Emergency Contact: _____ Phone:_____
Address: _____Relationship: _____

FOR OFFICE USE	Entered into C.W.	New Member #	Received Welcome Info
Initial and date			