

St. Mark Presbyterian Church Membership Form

Date of Membership: _____

Membership No.: _____
Office Use Only

Full Name: _____
Title First Middle (Maiden) Last

Address: _____
Street City Zip

Home Phone: _____ Mobile: _____

Occupation: _____ Work Phone: _____

Email: _____

Birth Date: _____ Marital Status: Married Single Divorced Widowed Separated
Month/Day/Year

Age Group: <20 20-29 30-39 40-49 50-59 60-69 70+

Name of Spouse: _____ Spouse Birth Date: _____
Month/Day/Year

Spouse Mobile: _____ Spouse Email: _____

Emergency Contact (not living with you)

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Household Family Members

Name	Relationship	Birth Date	Date Baptized & Location or Not Baptized	School Grade	Confirmed or Not Confirmed	St. Mark Member

Related Members Of This Church

Name(s): _____ Relationship(s): _____

Name(s): _____ Relationship(s): _____

Method of Joining

Profession of Faith Needs to be baptized? yes no

Reaffirmation of Faith (originally declared at): _____

Transfer Letter from: _____
Name and complete address of church

Involvement in Church

Have you served in any of the following capacities? (please indicate)

Pastor Elder Deacon Trustee Presbytery Synod General Assembly

Other _____

How did you find out about St. Mark? _____

Would you like to have a personal visit with the Pastor or a Stephen Minister?