	St. Mark	Presbyterian	Church Mo	embersh	ip Form	
Date of Membership:				M	lembership No.:	ffice Use Only
Full Name:						
Title	First	Middle	(Maiden)		Last	
Address:	Street		Cit	y		Zip
Home Phone:			Mobile Phone	e:		
Occupation:				Work Pho	one:	
Email:						
Birth Date: Marit		Marital Status:	tal Status: Married Single Divorced Widowed			Widowed
Age Group:	<20 [20-29 30-39	40-49	<u> </u>	<u> </u>	70+
Name of Spouse:				Spouse Bir	th Date:	
Spouse Mobile:			Spouse I	Email:		Day/Year
Spouse's Membersh	nip Status: 🗌	Already a member	Joining with	me 🗌 N	lot joining at this tir	me
		Emergency Conta				
Name:			Relation	ship:		
Day Phone:		E	Evening Phone):		
		Hausahald F	Esmily Mom	hore		
		Household F				St. Mark
Nar	ne	Relationship	Birth Date	Baptized? (Y/N)	School Grade	Member? (Y/N)
	Othe	er Relatives Who	are Membe	rs of St. M	lark	
Name(s):			Rela	ationship(s):		
Name(s):			Rela	ationship(s):		
		Joining by	. (please ched	ck one)		
Profession of F		ers of a Christian Church		Have yo	ou been baptize	d? ☐ yes ☐ no
		ly declared at what church members of a Christian (
Transfer of Chu			hurch name and	complete addre	ess so office can se	end a request)

Prior Church Involvement							
Have you served in any of the following capa	cities? Istee Presbytery Synod General Assembly Other						
☐ None of the Above							
(please indicate what capacities and where)							
Interests and/or hobbies you would like to sha	are?						
How did you find out about St. Mark?							
Would you like to have a personal visit with the	ne Pastor?						
Informatio	n for PC-USA Statistical Report						
Racial Ethnic Identification							
Asian/Pacific Islander/South Asian	☐ Native American/Alaska Native/Indigenous						
☐ Black/African American/African	☐ White						
☐ Middle Eastern/North African	☐ Multiracial						
☐ Hispanic/Latino-a							
Disabilities							
☐ Hearing Impairment	☐ Mobility Impairment						
☐ Sight Impairment	Other Impairment						