



MEMBERSHIP REQUEST FORM
St. John's Episcopal Church
610 Young Street, Melbourne FL 32904

321-254-3365
office@stjohnsmlb.org
stjohnsmlb.org

Date _____

Family Name _____

(as you would like it to appear on mailings, etc.)

Address _____

Home Phone _____ Email _____ Anniversary _____

Adult:

Full Name _____ Date of Birth _____

Occupation _____ Bus. Phone _____

Baptism Date _____ Confirmation Date _____ Denomination? _____

Last Church (if any) _____

Action requested: Baptism Confirmation Transfer from last church None

Adult:

Full Name _____ Date of Birth _____

Occupation _____ Bus. Phone _____

Baptism Date _____ Confirmation Date _____ Denomination? _____

Last Church (if any) _____

Action requested: Baptism Confirmation Transfer from last church None

Children (list only those living with you):

Name _____

Birthdate _____ Baptism _____ Confirmation _____

(Please attach an additional sheet if needed.)

Are there others living in your household? If yes, please give name and relationship:

Is there anything else you would like us to know about you or your family?

How did you first hear about St. John's?