

# ST. THOMAS' CHURCH, WHITEMARSH

## New Member Information Sheet

Hello! We thrilled that you are interested in becoming a member of St. Thomas' Church. In order to keep our records up to date, please take a moment to provide the following information. Thank you!

Please call Emily Given, the Director of Parish Participation at 215-233-3970 x 126 if you have any questions.

TO RETURN BY MAIL: St. Thomas' Church, Whitemarsh, P.O. Box 247, Ft. Washington, PA 19034

Today's date: \_\_\_\_\_

**Your info:** Mr., Mrs., Miss, Ms., Dr., Mr., Ms., Rev. (please circle one)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Text allowed? \_\_\_\_\_ Email address \_\_\_\_\_  
Occupation: \_\_\_\_\_

**Spouse/Partner:** Mr., Mrs., Miss, Dr., Mr. & Mrs., Mr. Ms., Rev., (please circle one)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Text allowed? \_\_\_\_\_ Email address \_\_\_\_\_

Wedding anniversary (if applicable) \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ALL MEMBERS OF YOUR FAMILY, INCLUDING YOURSELF:

Name	Birth date	Date/Year of Baptism	Date/Year of Confirmation	Denomination
1. _____				
2. _____				
3. _____				
4. _____				

(If necessary, please add additional names and information on the back.)

If you were baptized or confirmed in a non-Episcopal church, were you later received in the Episcopal Church by a bishop? \_\_\_Yes \_\_\_No If yes, what date? \_\_\_\_\_(approx). Would you like to learn more about this? \_\_\_yes \_\_\_no

If you were a member of another Episcopal Church before coming to St. Thomas,' would you like to have your membership letter transferred from that parish to St. Thomas'? \_\_\_Yes \_\_\_No \_\_\_ I have requested it

Did you previously attend a church? \_\_\_Yes \_\_\_No Comment \_\_\_\_\_

If yes, Previous Church Name (City & State) \_\_\_\_\_

What ministries did you participate in your previous church? \_\_\_\_\_

What ministries are you interested in at St. Thomas'? \_\_\_\_\_