

St. Mark's Episcopal Church

600 Colorado Ave.
 Palo Alto, CA 94306
 Telephone: (650) 326-3800



MEMBERSHIP FORM

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

After prayerful and thoughtful consideration, if you decide to become a member at St. Mark's, please fill out the information below as best you can and return it to the church office. This information will confirm your membership and will be used for our records.

A. Individual <i>(last, first, middle)</i>	Birth Date	Baptized <i>yes/no</i>	Confirmed <i>yes/no</i>

Or

B. Family <i>(last, first, middle)</i>	Birth Date	Baptized <i>yes/no</i>	Confirmed <i>yes/no</i>	School Grade
<i>(Adult)</i>				
<i>(Adult)</i>				
<i>(Child 1)</i>				
<i>(Child 2)</i>				
<i>(Child 3)</i>				
<i>(Child 4)</i>				

If you have previously been a member of an Episcopal Church please provide us with the name of the parish that most probably has your records, and we will request their transfer.

Please send a request for a Letter of Transfer to: _____
 (Street Address) _____
 (City, State, Zip) _____

Thanks you! Please feel free to call the church office (650) 326-3800 with any questions!