

New Member Information



St. Bartholomew's Episcopal Church
 16275 Pomerado Road, Poway, CA 92064
 Phone (858) 487-2159 Fax (858) 487-2324
office@stbartschurch.org

Please print this and after filling it in, either fax it to us (at the number above) or send by mail. Thanks!

We're delighted that you seek membership at St. Bartholomew's. We hope that you will feel welcomed and valued here. Surely you will add much to our common life and ministry. Every fall and every spring I offer "Episcopal 103" for those who are new to the parish and/or new to the Episcopal Church. If you have questions or needs, please call the church office at 858-487-2159. Thank you for completing this form for our records. We welcome you!The Rev. Fred Thayer, Rector

If you are transferring membership from another church, please use the 'Membership **Transfer** Request' form instead.

Your Name _____ (M) _____ (F) _____

Your Address (street/city/zip) _____

Home phone (_____) _____ Cell phone (_____) _____

E-mail _____ Today's date (mm/dd/yy) _____

If married: anniversary date (mm/dd/yy) _____

<i>For all</i>	First name and M.I.	Name by which you prefer to be called	Date of birth mm/dd/yy	Baptized	Confirmed or received into Episcopal Church
Head of household				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Profession:		Additional skills:			
<i>If married:</i> Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Profession:		Additional skills:			
<i>For families with dependents</i>	Dependent's name	Name by which dependent prefers to be called	Date of birth mm/dd/yy	Baptized	Confirmed or received into Episcopal Church
Dependents living with you				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If baptized, church where baptized (name/city/state) _____

Denomination: _____ Approx. date of baptism: _____

- ▶ We look forward to sharing with you the knowledge gained from our New Member class.
- ▶ Please call for information on our next series of membership classes.

Thanks... and welcome to St. Bartholomew's!

For office use: Date entered into database: _____