

BRYN ATHYN CHURCH

Application for Membership

Return to:

Rev. Eric Carswell
Bryn Athyn Church
Post Office Box 277
Bryn Athyn, Pennsylvania 19009-0743 U.S.A.

Dear Rev. Carswell:

I hereby apply to be received as a member of the Bryn Athyn Church. I have been baptized into the faith of the New Church, and I subscribe to the principles and purposes of the General Church. I am at least twenty years of age.

(Signature) _____

(Date) _____
(Month) (Day) (Year)

*In order to insure that information on file is correct, please complete this form.
Please **Print** Clearly and make changes where necessary.*

Name in full: _____

Name to appear in address (if different) _____

___ Ms. _____ Address Change: _____
___ Miss _____
___ Mrs. _____
___ Mr. **Phone:** _____
___ Other **E-mail:** _____

Birth Date: _____ Birth Place: _____

Father's name in full: _____

Mother's name in full: _____ Maiden Name: _____

Baptism: Date: _____ Place: _____

Minister: _____

If Confirmed: Date _____ Minister _____

(Mo.) (Day) (Year)

If married, name of Spouse: _____ Maiden Name: _____

Marriage Date: _____ Place: _____

(Mo.) (Day) (Year)

Former church affiliation _____

Do you read English? ___ Yes ___ No Which languages can you read? _____

For Office use only:

Application granted: _____

Certificate No. _____

Head Pastor of Bryn Athyn

Date _____