



# Bryn Athyn Church

600 Tomlinson Road, Box 277  
Bryn Athyn, PA 19009  
215-947-6225 / [www.brynathynchurch.org](http://www.brynathynchurch.org)

I hereby apply to be received as a member of 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 20 years of age. I formally declare and recognize the Certification of Incorporation and the Bylaws of this corporation as long as I am a member of this corporation. I understand that any member of this Corporation who ceases to be domiciled within the borough of Bryn Athyn or within a radius of 50 miles of the Cathedral (900 Cathedral Road, Bryn Athyn, PA 19009), or who ceases to be a member of the said unincorporated body known as the General Church of the New Jerusalem, shall thereupon cease to be a member of Bryn Athyn Church.

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

***In order to ensure that information on file is correct, please complete this form.  
Please email the completed form to [liza.hyatt@brynathynchurch.org](mailto:liza.hyatt@brynathynchurch.org).***

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Baptism: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Minister: \_\_\_\_\_

If Confirmed: Date \_\_\_\_\_ Minister \_\_\_\_\_

If married, name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

Former church affiliation \_\_\_\_\_

***For Office use only:***

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Head Pastor*