

Date: _____

New Member Information Sheet

Trinity Episcopal Church

Marble Falls, Texas

Please **PRINT** the information and return form to:

Trinity Episcopal Church, 909 Ave D, Marble Falls, Texas 78654-0633, Attn: Georgia Parsons

Or **SCAN** and email to: admin@trinitymarblefalls.org

NAME _____

Title _____

First _____

Middle _____

Last _____

Preferred name _____

Date of Birth _____

Date of Baptism _____

Date of Confirmation _____

Email Address _____

Cell Phone _____

SPOUSE/PARTNER

Title _____

First _____

Middle _____

Last _____

Preferred name _____

Date of Birth _____

Date of Baptism _____

Date of Confirmation _____

Email Address _____

Cell Phone _____

Member Daughters of the King _____

Mailing Address

Street _____

City _____

State/Zip Code _____

Home Phone _____

Physical Address

Street _____

City _____

State/Zip Code _____

Date of Marriage (if applicable): _____

Children's Names and Birthdates: (if still living at home)

Date: _____

I/We want to join Trinity Church by:

(please check one)

___ Confirmation

___ Membership Transfer from another Episcopal Church

___ Request

Last Church Membership

Church _____

City _____

Church Activities Experience/Interests

In Case of Emergency Contact

Name _____

Relationship _____

Phone _____

Email _____

Comments:

