

Holy Trinity Episcopal Church
Welcome to the Family! Membership Information Form

Please complete and return to Church Office. *Please include year when entering dates.* Thank you.

Address: 1830 S. Babcock St., Melbourne, FL 32901 • Phone: 321-723-5272
office@holytrinitymelbourne.org

Today's date: / /	Service you usually attend: 5:00pm 7:30am 9:00am 11:15am		
YOUR INFORMATION			
Last Name:	First Name:	Middle Name:	Name you go by;
Address:		City	State Zip Code
Home Phone:		Cell Phone:	
Do you consider yourself a member? Y N		Would you like to become a member? Y N	
Marital Status: single married divorced widowed	Wedding Date: / /	Occupation:	
Birth date: / /	Sex: F M	Baptized: Yes No Date: / /	Confirmed: Yes No Date: / /
Name, city and state of church where baptized:		Name, city and state of church where confirmed:	
Name of former Parish/Church and address: (if Episcopal church, then we will send for a letter of transfer)			
Email address:			
Church Activities you would like to be involved in:			
Would you prefer correspondence to come from the church via mail or email?		Mail	Email
SPOUSE INFORMATION			
Last Name:	First Name:	Middle Name:	Name you go by:
Home Phone:	Cell Phone:	Occupation:	
Do you consider yourself a member? Y N		Would you like to become a member? Y N	
Birth date: / /	Sex: F M	Baptized: Yes No Date: / /	Confirmed: Yes No Date: / /
Name, city and state of church where baptized:		Name, city and state of church where confirmed:	
Name of former Parish/Church and address: (so that we may request a letter of transfer)			
Email Address			
Church Activities you would like to be involved in:			
Would you prefer correspondence to come from the church via mail or email?		Mail	Email

Others in your household who would like to be members of Holy Trinity:**INFORMATION**

Last Name:		First Name:		Middle Name	Birth date: / /	
Sex: F M		Email:			Cell phone:	
Baptized: Yes No Date: / /		Confirmed: Yes No Date: / /		School Attending:		Grade:
Name, city and state of church where baptized:				Name, city and state of church where confirmed:		

INFORMATION

Last Name:		First Name:		Middle Name:	Birth date: / /	
Sex: F M		Email			Cell phone:	
Baptized: Yes No Date: / /		Confirmed: Yes No Date: / /		School Attending:		Grade:
Name, city and state of church where baptized:				Name, city and state of church where confirmed:		

INFORMATION

Last Name:		First Name:		Middle Name	Birth Date: / /	
Sex: F M		Email:			Cell phone:	
Baptized: Yes No Date: / /		Confirmed: Yes No Date: / /		School Attending:		Grade:
Name, city and state of church where baptized:				Name, city and state of church where confirmed:		

INFORMATION

Last Name:		First Name:		Middle Name	Birth Date: / /	
Sex: F M		Email:			Cell phone:	
Baptized: Yes No Date: / /		Confirmed: Yes No Date: / /		School Attending:		Grade:
Name, city and state of church where baptized:				Name, city and state of church where confirmed:		

Please feel free to add any additional family members or other information here.