



Member Information Form

Family Name(s): _____

Address: _____
 (City/State/Zip)

Primary Phone: _____

Family Members: (use additional sheet if necessary)

Name:				
Birthdate:				
Place of Birth:				
Anniversary:				
Email:*				
Cell phone:				
Work phone:				
Occupation/ Employer				
Do you wish to transfer membership to St. Paul's?				
Current Church Affiliation**				
Baptized? (church/ approximate date)**				
Confirmed? (church/approximate date)**				

*The St. Paul's weekly eNews and monthly newsletter will be sent to this e-mail address. Please check here if you wish to opt out. If you do not opt out, you can unsubscribe from the newsletters at any time.

** Please include Church name, city, state, and denomination if other than Episcopal. Approximate dates are fine.

(continued on back of form)



Member Information Form

Name:				
Grade in school if student				
Skills (professional, technical, artistic, other)				
Particular areas of interest				
Interested in our Montessori School for your child?				

Other comments or questions we might address:

The contact information provided will be included in our church directory. If you do not want to provide this information to the church congregation, please list the phone number(s) or other contact information you want restricted from the directory:

Please return this form in person or mail to

St. Paul's Episcopal Church
1018 E. Grayson
San Antonio, TX 78208