

Tell Us About You

(Please return completed form to Parish office or place in collection plate.)

Family Information

Adult family members:

Name	Age	Date of Birth

Minor children:

Name	Age	Date of Birth

Mailing address:

Street _____

City _____

State _____ Zip Code _____

Phone: _____ Email: _____

I would like more information about (check as many as you wish):

<input type="checkbox"/> Music Programs	<input type="checkbox"/> Children's Education	<input type="checkbox"/> Youth Group
<input type="checkbox"/> Bible Studies	<input type="checkbox"/> Mission/Outreach Programs	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Fellowship		
Worship:		
<input type="checkbox"/> Altar Guild	<input type="checkbox"/> Lay Eucharistic Ministry	<input type="checkbox"/> Ushers
<input type="checkbox"/> Acolytes	<input type="checkbox"/> Lay Readers	<input type="checkbox"/> Flower Guild
Other:		

- I would like to meet with a priest
- I would like to make a financial pledge
- I would like to be confirmed or formally received as an Episcopalian
- I would like to transfer my official church membership to Trinity Episcopal Church

