



MEMBERSHIP FORM

Please complete and return to:
 parishadmin@saintalbansdavidson.org, or
 301 Caldwell Lane, Davidson, NC 28036

Today's Date: _____ Family Phone Number: _____

Mailing address: _____

Thank you for your interest in St. Alban's Episcopal Church, www.saintalbansdavidson.org! Whether you are a *friend*, *active* or *voting* member, we welcome you as part of our faith community. Here's what qualifies you as a *friend*, *active* or *voting* member...

Friend – Anyone who has a connection to our parish but does not yet wish to become a member, such as a preschool parent, etc.

Active Member – Anyone who (1) has been baptized in any Christian faith, (2) has made a recorded financial contribution during the past year, (3) has received Holy Communion here three times in the past year, and (4) has completed the membership form.

Voting Member – Anyone who (1) fulfills the four qualifications for an active member, (2) is at least sixteen years old, and (3) has been confirmed or received in the Episcopal Church.

Adult Information: *Please complete below for all adults in household.*

Full Name		Nickname
Gender	Date of Birth	Primary Phone
Email		Alternate Phone
Marital Status		Anniversary Date
Place of Baptism and Denomination		Date of Baptism
Place of Confirmation and Denomination		Date of Confirmation
Place Received into Episcopal Church		Date of Reception

Full Name		Nickname
Gender	Date of Birth	Primary Phone
Email		Alternate Phone
Marital Status		Anniversary Date
Place of Baptism and Denomination		Date of Baptism
Place of Confirmation and Denomination		Date of Confirmation
Place Received into Episcopal Church		Date of Reception

Child #1: *Please complete below for all children in household*

Name		Date of Birth	Gender
Grade	School Attending		
Place of Baptism and Denomination		Date of Baptism	
Place of Confirmation and Denomination		Date of Confirmation	
Place Received into Episcopal Church		Date of Reception	

Child #2

Name		Date of Birth	Gender
Grade	School Attending		
Place of Baptism and Denomination		Date of Baptism	
Place of Confirmation and Denomination		Date of Confirmation	
Place Received into Episcopal Church		Date of Reception	

Child #3

Name		Date of Birth	Gender
Grade	School Attending		
Place of Baptism and Denomination		Date of Baptism	
Place of Confirmation and Denomination		Date of Confirmation	
Place Received into Episcopal Church		Date of Reception	

Child #4

Name		Date of Birth	Gender
Grade	School Attending		
Place of Baptism and Denomination		Date of Baptism	
Place of Confirmation and Denomination		Date of Confirmation	
Place Received into Episcopal Church		Date of Reception	