



CHRIST CHURCH OF THE ASCENSION

EPISCOPAL PARISH AND SCHOOL, PARADISE VALLEY

KNOW CHRIST, LOVE CHRIST, SERVE CHRIST

Membership Form

Membership Date _____

GENERAL INFORMATION

Household Name _____

Household Mailing Address _____ City _____ Zip _____

Household Phone Number _____ Listed Unlisted

Preferred Email (or fill out individually below): _____

List Member and Family Member(s) contact information in Church Directory? Yes No

Member Name _____ Maiden Name _____
(First) (Middle) (Last)

DOB: _____ E-mail _____ Receive Newsletter? Yes No

Preferred phone # _____ Cell Phone Landline

Baptism Date _____ Confirmation Date/Place _____

Member Name _____ Maiden Name _____
(First) (Middle) (Last)

DOB _____ E-mail _____ Receive Newsletter? Yes No

Preferred phone # _____ Cell Phone Landline

Baptism Date _____ Confirmation Date/Place _____

Name & Address of Former Parish (to initiate transfer) _____

not transferring from another Church (over)

FAMILY INFORMATION

Names of children becoming members with you

1. Full Name: _____ School Grade _____
(First) (Middle) (Last)

DOB: _____ Baptism Date _____ Confirmation Date/Place _____

2. Full Name: _____ School Grade _____
(First) (Middle) (Last)

DOB: _____ Baptism Date _____ Confirmation Date/Place _____

3. Full Name: _____ School Grade _____
(First) (Middle) (Last)

DOB: _____ Baptism Date _____ Confirmation Date/Place _____

4. Full Name: _____ School Grade _____
(First) (Middle) (Last)

DOB: _____ Baptism Date _____ Confirmation Date/Place _____

Please let us know if you would like more information on how you can
Serve In Love at Christ Church of the Ascension

- | | | |
|--|---|---|
| <input type="checkbox"/> Acolytes | <input type="checkbox"/> Daughters of the King | <input type="checkbox"/> Stewardship |
| <input type="checkbox"/> Altar Guild | <input type="checkbox"/> Education | <input type="checkbox"/> Sunday School |
| <input type="checkbox"/> Ascension Book/Gift Shop | <input type="checkbox"/> Flower Guild | <input type="checkbox"/> Sunshine Committee |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Bridge Group | <input type="checkbox"/> Knitting Ministry | <input type="checkbox"/> Verger |
| <input type="checkbox"/> CC Players | <input type="checkbox"/> Lay Eucharistic Visiting | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Chalice Bearer/Lay Reader | <input type="checkbox"/> Men's Group | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Outreach | |

Additional Information: _____

Please list any information that will be helpful to the staff of Christ Church of the Ascension concerning special circumstances involved with the children: i.e.: step-children, address different from yours, etc.