



NEW MEMBER FORM

A PARISHIONER OF SAINT DAVID'S IS A BELOVED CHILD OF GOD WHO:

- A. Seeks ways to share your gifts to minister to others
- B. Joins other faithful Christians in weekly worship
- C. Supports the ministry of the church by pledging generous financial support

THIS ONE SIMPLE FORM WILL TELL US EVERYTHING WE NEED TO KNOW TO WELCOME YOU TO SAINT DAVID'S.

PLEASE COMPLETE: 1. FAMILY PROFILE 2. PLEDGE CARD 3. INVITATION TO MINISTRY
(located on back) (located on back)

I. FAMILY PROFILE

PLEASE FILL IN THE FOLLOWING INFORMATION FOR OUR PARISH REGISTER AND COMPUTER DATABASE:

PLEASE PRINT:

ADULT HOUSEHOLD MEMBER #1

Family Last Name _____ Title (circle one) Mr., Mrs., Ms., Miss, Dr., or other title _____
 First Name _____
 Middle/Maiden (if applies) _____ Name Goes By _____
 Street Address _____
 Zip code _____ City/State _____
 Home Phone _____ Community Subdivision _____

Date of Birth ____/____/____ Place of Birth _____
 Marital Status _____
 Baptized? ____yes ____no Confirmed? ____yes ____no ____ Female ____ Male
 Date of Baptism ____/____/____ Church where baptized? _____
 City/State _____
 Date of Confirmation ____/____/____ Confirmed in what denomination? _____
 Wedding Anniversary (if married) ____/____/____ Occupation _____
 Work Phone # _____ Cell Phone # _____ E-mail _____

ADULT HOUSEHOLD MEMBER #2

Last Name, if different _____ Title (circle one) Mr., Mrs., Ms., Miss, Dr., or other title _____
 First Name _____
 Middle/Maiden (if applies) _____ Name Goes By _____
 Date of Birth ____/____/____ Place of Birth _____
 Marital Status _____
 Baptized? ____yes ____no Confirmed? ____yes ____no ____ Female ____ Male
 Date of Baptism ____/____/____ Church where baptized? _____
 City/State _____
 Date of Confirmation ____/____/____ Confirmed in what denomination? _____
 Wedding Anniversary (if married) ____/____/____ Occupation _____
 Work Phone # _____ Cell Phone # _____ E-mail _____

CHILDREN LIVING AT HOME

1. First Name _____ Middle Name _____ Name Goes By _____ Last Name, if different _____
 Date of birth ____/____/____ Place of Birth _____
 Date of Baptism ____/____/____ Church where baptized? _____
 City/State _____
 Date of Confirmation ____/____/____ Confirmed in what denomination? _____
 ____ Female ____ Male Grade in School _____ Register for Sunday School? ____yes ____no

2. First Name _____ Middle Name _____ Name Goes By _____ Last Name, if different _____
 Date of birth ____/____/____ Place of Birth _____
 Date of Baptism ____/____/____ Church where baptized? _____
 City/State _____
 Date of Confirmation ____/____/____ Confirmed in what denomination? _____
 ____ Female ____ Male Grade in School _____ Register for Sunday School? ____yes ____no

3. First Name _____ Middle Name _____ Name Goes By _____ Last Name, if different _____
 Date of birth ____/____/____ Place of Birth _____
 Date of Baptism ____/____/____ Church where baptized? _____
 City/State _____
 Date of Confirmation ____/____/____ Confirmed in what denomination? _____
 ____ Female ____ Male Grade in School _____ Register for Sunday School? ____yes ____no

After filling out the back side of this form, please mail the completed form to:
 Attn: Membership, St. David's Episcopal Church, 1015 Old Roswell Rd., Roswell, GA 30076
 or
 Place in wooden box on the Welcome Desk just inside the front doors of the Church

2. PERSONAL PLEDGE FORM

Name (please print): _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

E-mail address: _____

For the year _____ (please put in pledge year), I/We will commit to (please check one):

per week \$ _____ per month \$ _____ per year \$ _____

Total Amount of Pledge: \$ _____

Signature: _____ Date: _____

3. INVITATION TO MINISTRY

God has given us all gifts for ministry. We are anxious for your gifts to be shared. For information about St. David's ministries please review the **Guide to Volunteer Opportunities** brochure.

Write the interested individual's name in the space provided.

If you need assistance mark the Call Me space and one of the clerics will contact you.

Call Me _____ Name(s) _____

Worship Support

Altar Guild _____

Flower Guild _____

Acolytes _____

Lay Eucharistic Ministry _____

Lectors _____

Children's Readers _____

Ushers _____

Wedding Guild _____

Guild of Joseph of Arimathaea _____

(Funeral Guild)

Music

Adult Choir _____

Treblemakers Choirs _____

(Children's Choirs)

Handbells Adult _____

Office Support Ministries

Counting Guild _____

Stewardship

Social Ministry

Foyers Groups _____

Tweeners _____

Adult Christian Education

Women's Bible Study _____

Men's Bible Study _____

Teach Sunday School _____

Education For Ministry (EFM) _____

Adult Confirmation Class _____

Children's Christian Education

Nursery _____

Teach Sunday School _____

(Infants-5th grade)

EpiscoPals _____

VBS _____

First Communion Class _____

Youth Ministry (6th-12th grade)

Christian Education _____

EYC (Jr./Sr. High Youth Groups) _____

Inreach

Flower Ambassadors _____

Caring Committee _____

Welcome Ministry _____

59 & Holding (Seniors Ministry) _____

Men's Club _____

Caregivers Support _____

Grief Ministry _____

Pew Crew _____

Prayer Shawl Min. _____

St. Paschal's Min. _____

Women of Wonder _____

Doves Ministry _____

St. David's Preschool

Preschool _____

Mothers' Morning Out _____

Prayer Groups

Brotherhood of St. Andrew _____

Daughters of the King (DOK) _____

Outreach

Blood Drive _____

North Fulton Community Charities:

Food Pantry _____

Thrift Store _____

Holiday Families _____

Habitat for Humanity _____

Homestretch _____

Drake House _____

Six Mercies _____

Epis. Relief & Dev. _____

Honduras Mission _____

Path to Shine _____

St. Francis Min. _____

UTO _____

Unidad _____

Boy/Cub Scouts _____

Stephen Ministry _____

I want to have my Letter of Membership transferred to St. David's...

From Diocese of _____ Church _____

Address _____ City/State _____

If not for entire family, for whom? _____
