MEMBERSHIP FORM

|  |  |
| --- | --- |
| Name |  |
| Date of Birth | (MM/DD/YYYY) |
| Address |  |
| City |  | Zip |  |
| Phone |  | Email |  |
| Home Parish |  |
| Address In India |  |
|  |
| Marital Status | Married / Single | If married, Date of Marriage |  |

**Details of Family Members**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Applicant** | **Date of Birth (MM/DD/YYYY)** | **Baptized (YES/NO)** | **Communicant (YES/NO)** | **Married (YES/NO)** |
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 I /along with my above listed family /wish to become members of the Phoenix Mar Thoma Church. I/we will abide by the faith and practices and the constitution of the Malankara Mar Thoma Syrian Church of Malabar.

I/we promise to share the financial responsibilities of the Church and parish. I shall voluntarily pay a monthly amount of $\_\_\_\_\_\_\_\_\_\_\_\_ to support the parish activities.

Signature of Applicant Date