

## New Member Form

We are so glad you are interested in membership with All Saints Church!
Please complete the form below and mail by post or email to:
lois.mcdonald@allsaintschurch.net. Call the church office at 301-654-2488 with questions.

FAMILY INFORMATION:		questions.			
Last Name/s, First Name/s:					
Children's Names:					
Street Address:					
City, State, Zip:					
Primary Phone Number:					
Primary Email Address:					
Other Contact Information:					
MEMBER INFORMATION: Use apis granted upon request to anyone	•		•	e not sure of details. Membership to All Saints Chutism.	
Adult Members (16 or older):	Date of Birth	Baptized? (Y / N)	Date of Baptism	Name & City, State of Church	
Younger Members:	Date of Birth	Baptized? (Y / N)	Date of Baptism	Name & City, State of Church	
TRANSFER INFORMATION: Are you currently a member of and Would you like to transfer Member If so, please provide us the name, Please request a transfer from I am not currently a member o Church upon this request, signe	ship to All Sa city, and stat another cho f any church	aints Church on a control of your cur aurch to All Son. Please dire	of Chevy Ch rent church.		
Printed Name:				Signature & Date:	