

Christ Church Detroit Membership Form

Formerly member of _____

Would you like your membership transferred? Yes No

PRIMARY CONTACT

Mr. Mrs. Miss Ms. Dr. Rev.

Last Name First Name (include Sr., Jr., II, etc.) Middle Name

Married Single Widowed Divorced

Number Street Apt. City State Zip Home phone

Occupation Mobile phone Date of Birth (mm/dd/yyyy)

Baptized Confirmed Communicant

Skills/Interests to share (e.g., carpentry, graphic design, storytelling, bowling, etc.): _____

SERVICE AREAS OF INTEREST:

Altar guild Acolyte Knitting Circle
Greeter/Usher Sunday Morning Cook Team Lay Eucharistic Minister
Reader Facilities Committee Gardening Team
Office Volunteer Worship Center Leader/Assistant Sunday School Teacher
Music (e.g., choir, instrumental, youth, etc.) Adult Leader for J2A/Rite13 (teens) Community Outreach

Email: _____

SPOUSE

Mr. Mrs. Miss Ms. Dr. Rev.

Last Name First Name (include Sr., Jr., II, etc.) Middle Name

Occupation Business phone Date of Birth (mm/dd/yyyy)

Baptized Confirmed Communicant

Skills/Interests to share (e.g., carpentry, graphic design, storytelling, bowling, etc.): _____

SERVICE AREAS OF INTEREST:

Number Street _____

Apt. _____

City _____

State _____

Zip _____

Phone _____

Current Grade _____

Major _____

Date of Birth (mm/dd/yyyy) _____

Baptized

Confirmed

Communicant

Special Needs (e.g. mobility challenges, epilepsy, food allergies, etc.): _____

Email: _____