

Church of the Ascension Confidential Member Information

PLEASE PRINT

Full Name: _____ Gender: _____ Year Joined Ascension: _____

Address: _____ City: _____ Zip: _____

Mailing Address (If different): _____ City: _____ Zip: _____

Home Phone: _____ Cell/Other: _____

Email: _____ Wedding Anniversary Date: _____

Birth Date/Place: _____ Baptized Date/Place: _____

Confirmed Date/Place: _____

Can we contact you at work? If so, please provide Business name, phone, and extension: _____

Spouse's Name: _____ Cell/Other: _____

Email: _____ Birth Date/Place: _____

Baptized Date/Place: _____ Confirmed Date/Place: _____

Can we contact you at work? If so, please provide Business name, phone, and extension: _____

Please include our address _____ phone _____ Email _____ in the Ascension church directory.

Please send *The Spire* (the monthly newsletter) to us by mail _____ or Email _____

We would like to receive Email notices about Ascension and upcoming events: Yes _____ No _____

Family Members (List all other members of your household including children away at school or in the armed forces)

Name(s)	Relationship	Gender	Birth Date/Place	Baptized Date/Place	Confirmed Date/Place

Family Emergency Contact Name: _____ Phone: _____

Are you related by family or friendship to other Ascension parishioners? If so, please list _____

(Please complete other side.)

Prior to attending Ascension, where has your family attended church on a regular basis? _____

Should we request a letter of transfer? _____ If so, for whom? _____

Please provide name, address, and Diocese of the church from which Transfer Request is to be sent:

What other languages besides English do you speak fluently? _____

Do you have funeral instructions we should be aware of? _____

If so, would you like to have copies of your funeral arrangements on file in the church office? _____

On occasion we need adults to drive for car pooling purposes. Are you willing to be asked? _____

If so, would you be willing to fill out a Driver Information Card with Driver's License and Insurance information? Yes, please send me the card to be filled out _____ Not at this time _____

Do you have particular hobbies, special interests, or work experience which you would be willing to share with the congregation? _____

I/we would like to receive more information regarding Ascension's faith community _____

I/we would like to receive information regarding Ascension's Core Ministries and Vision _____

I/we wish to financially support Ascension. Please send me/us a pledge card _____ offering envelopes _____

Additional Comments / Things we should be aware of: _____

Please complete and return to:

**Church of the Ascension
Atten: Membership Information
25 E. Laurel Avenue
Sierra Madre, CA 91024**