

On behalf of the congregation I invite you associate with us by formal membership. Membership enables an individual to have full voice and vote in the community of Christ and The Epiphany Episcopal Church. Individuals coming to C&E who hold membership in another Episcopal Church can have their membership transferred. Individuals coming to C&E from all other Christian denominations may become members by having their Baptism recorded in the formal membership books. (Episcopalians can chose this rather than transfer as well.) To become a member, please complete the form below and return to the church office, 39 Park Place, East Haven, CT 06512. If you have questions, please contact me at 203-804-4190 or the Church Office at 203-467-2310

I encourage you to join us!

Andrew Osmun, Missional Priest

Please fill in the information below for each person in your household who wishes to become a member of the church. Please use the back for additional names.

Date of Birth Gender					
	State				
Preferred Phone		_ E-mail			
	bership Requested for listed Episcopal Church:		City:	State:	
Da De Cł	a copy of Certificate or pro ate: enomination: hurch Name: ocation:)	
Da De Ch	Reception: (attach a copy c ate: enomination: nurch Name: ocation:		·	owing information)	
Wedding anniver	sary date of household hea	ds:			

We are delighted that you are joining Christ and The Epiphany Episcopal Church. We look forward to continuing our Christian journey together. God bless and keep you!

		Last Name					
Gender Same Address	as above?						
		·					
Baptism: (attach a copy of Certificate or provide the following information) Date:							
	Denomination: Church Name: Location:						
Confirmation	or Reception: (attach a copy Date: Denomination: Church Name: Location:		he following information)				
First Name Date of Birth Gender							
	as above?						
Preferred Pho	ne	E-mail					
	ach a copy of Certificate or p Date: Denomination: Church Name: Location:	_					
	or Reception: (attach a copy Date: Denomination: Church Name: Location:		ne following information)				
		Last Name					
Gender Same Address	as above?						
	ne	-					
Baptism: (atta	ach a copy of Certificate or p Date: Denomination: Church Name: Location:	_	nation)				
Confirmation	or Reception: (attach a copy Date: Denomination: Church Name: Location:	of Certificate or provide th 	he following information)				