

EGLINTON ST. GEORGE'S UNITED CHURCH

REQUEST FOR MEMBERSHIP

NAME(S):

CHILDREN'S NAMES: (where applicable)

ADDRESS:

TELEPHONE: _____

E-MAIL: _____



I/we will be joining Eglinton St. George's through:

TRANSFER OF MEMBERSHIP _____

current church membership is at

RE-AFFIRMATION OF FAITH _____

AFFIRMATION OF FAITH _____



DATE REQUESTED TO BE RECEIVED AS A NEW MEMBER: _____

We are pleased that you are interested in membership at Eglinton St. George's. Why are pursuing membership at this time?

One of the ministers will contact you about a visit to become better acquainted with you and to discuss preparations for the reception of new members.

Please fill out and return to:

Connie Capes-Leslie
Minister of Education and
Congregational Development
Eglinton St. George's United Church
35 Lytton Boulevard
Toronto, Ontario M4R 1L2

For Office Use:

Date of Visit: _____

Visited by: _____

Board approval _____

Reception Date: _____

Certificate Prepared: _____

revised August 2007