

St James Parish Family

19640 N 35th Avenue, Glendale, AZ 85308
(623) 581-0707

Membership Application

Title Mr/Mrs Mr Mrs Ms Other _____

Family Last Name _____

First Name _____ Spouse _____

Address _____ Phone _____-_____-_____

City/State _____ Zip _____-_____-_____ Cell # _____-_____-_____

Office Use Only

Date Received _____

Date Entered _____

Envelope # _____

New Update

Grid Location _____

Winter Visitor - Dates here _____ to _____ eMail _____

Alternate Address _____

City/State/Zip _____

Our financial commitment to St James will be made Weekly or Monthly

Reg Stewardship Amt \$ _____ per week Debt Reduction Amt \$ _____ per week

Amt \$ _____ per month

Amt \$ _____ per month

How did you find out about us? Advertisement Christmas/Easter Drove by

Family/Friend Mailer Visitor Yellow Pages Other _____

Last Parish attended; Please indicate city and states _____

Volunteer/Ministry

Stewardship of time & talent are a part of St James Parish Family.

Please list any talents or interests you would like to share _____

A representative of our Welcome Ministry will contact you in the near future to let you know of the many opportunities available within St. James Parish Family for socialization and spiritual growth. Is there a good time for us to contact you?

Check if you do not wish to be contacted.

If available please attach a recent family photo for our Membership Directory.

(over)

Members Name (first) _____ (last) _____ Male Female
Marital Status Married Church Married Single Divorced Separated Widowed Living Together
Employer _____ Occupation _____
Business Phone ____ - ____ - ____ Business Cell phone/Pager ____ - ____ - ____
Birth date _____ Wedding Date _____
Religion _____ Languages (other than English) _____
Sacraments Received Baptism Reconciliation First Communion Confirmation
Special needs _____

Spouse's Name (first) _____ (last) _____ Male Female
Employer _____ Occupation _____
Business Phone ____ - ____ - ____ Business Cell phone/Pager ____ - ____ - ____
Birth date _____ Wedding Date _____
Religion _____ Languages (other than English) _____
Sacraments Received Baptism Reconciliation First Communion Confirmation
Special needs _____

Please list all children :

Child's Name (first) _____ (last) _____ Male Female
Birth date _____ Religion _____
Sacraments Received Baptism Reconciliation First Communion Confirmation
Special needs _____

Child's Name (first) _____ (last) _____ Male Female
Birth date _____ Religion _____
Sacraments Received Baptism Reconciliation First Communion Confirmation
Special needs _____

Child's Name (first) _____ (last) _____ Male Female
Birth date _____ Religion _____
Sacraments Received Baptism Reconciliation First Communion Confirmation
Special needs _____

Child's Name (first) _____ (last) _____ Male Female
Birth date _____ Religion _____
Sacraments Received Baptism Reconciliation First Communion Confirmation
Special needs - _____

Child's Name (first) _____ (last) _____ Male Female
Birth date _____ Religion _____
Sacraments Received Baptism Reconciliation First Communion Confirmation
Special needs _____