Membership Information

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs, Miss. Ms. Dr. Rev. Other _____
Name: (First - Middle or Maiden - Last)		
Sex: (Check one)	Male ☐ Female ☐	Male ☐ Female ☐
Birthday: Day/Mo/Yr	Date:	Date:
Preferred or Nickname		
Address: City, State / Zip:		
Alternate Address Address: City, State / Zip:	From: _____ To: _____	From: _____ To: _____
Home Phone:	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Cell Phone:	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Work Phone	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Email		
Pager #:	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Fax #:	( ) - Unlisted? ☐	( ) - Unlisted? ☐
Extra Phone:	Unlisted? ☐	Unlisted? ☐
Marital Status:		
Anniversary Date:	Date: _____	Date: _____
Occupation:		
Employer:		
Baptized: If not baptized at St. Ann's, please state Church & City & State where you were baptized.	yes ☐ no ☐ Date: _____	yes ☑ no ☐ Date:

Children still living at home

Name (first, middle, last)	Birth Date	Grade	Baptized	Class
	Date: _____		yes ☐ Date: _____	
	Date: _____		yes ☐ Date: _____	
	Date: _____		yes ☐ Date: _____	
	Date: _____		yes ☐ Date: _____	
	Date: _____		yes ☐ Date: _____	
	Date: _____		yes ☐ Date: _____	