



Charleston Presbyterian Church
PO Box 31834, Charleston, SC 29417
Membership Record

Date: _____

Please **PRINT CLEARLY**: the following information for church use only

Last Name: _____ (First Name) _____ (Middle) _____ (Called) _____

Address: _____

Phone (Home): _____ (Cell): _____

Email: _____ DOB: _____

Have you served in other churches, if so, in what capacity? _____

Spouse:

First Name: _____ (Middle) _____ (Last Name, if different) _____ (Called) _____

Phone (Home): _____ (Cell): _____

Email: _____ DOB: _____

Have you served in other churches, if so, in what capacity? _____

Joining How: Please indicate separately if you and spouse will be joining:

YOU: <input type="checkbox"/> Transfer letter <input type="checkbox"/> Profession of Faith-Baptized? Y / N <input type="checkbox"/> Reaffirmation of Faith	SPOUSE: <input type="checkbox"/> Transfer letter <input type="checkbox"/> Profession of Faith-Baptized? Y / N <input type="checkbox"/> Reaffirmation of Faith
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Full Name & Address (if known) of Current/Last Church Membership; *Indicate church for each member*

YOU: _____ _____ _____	SPOUSE: _____ _____ _____
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Children:

Name: _____ Sex: M F Grade: _____ DOB: _____

Baptized? If Yes-Date: _____ Confirmed? If Yes-Date: _____ If Confirmed is

child joining Y / N; How joining? Transfer letter, Profession of Faith, Reaffirmation of Faith

Name: _____ Sex: M F Grade: _____ DOB: _____

Baptized? If Yes-Date: _____ Confirmed? If Yes-Date: _____ If Confirmed is

child joining Y / N; How joining? Transfer letter, Profession of Faith, Reaffirmation of Faith

Name: _____ Sex: M F Grade: _____ DOB: _____

Baptized? If Yes-Date: _____ Confirmed? If Yes-Date: _____ If Confirmed is

child joining Y / N; How joining? Transfer letter, Profession of Faith, Reaffirmation of Faith

Office Use Only: Date: _____ Approved by Session; _____ transfer ltr sent; _____ Acknowledged; _____
 Roster; _____ Email; _____ Badge ordered; _____ Received; _____