

St. John the Baptist Ukrainian Orthodox Church
 1 St. John Parkway, Johnson City, New York 13790
 (607) 797-1584

INFORMATION FOR MEMBERSHIP

Name(s): _____

Address: _____

Home phone: _____ Cell phone _____ E-mail: _____

Please complete the information below for all family members including yourself:

Names	Date of Birth	Date of Baptism	Applying for membership	Sacrament Administration: Church Name, Address and Denomination
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Were you a member of another Ukrainian Orthodox Church and submitting a Letter of Transfer?

Yes _____ No _____ If so, please give the Pastors name, Church name, address and phone number:

Any previous Church/Religious affiliations? _____

Please list any history you have with St. John's Parish such as parents, grandparents, siblings, prior membership, etc: _____

Please offer information to allow us to know you better (i.e.: line of work, hobbies and interests, etc.):

(optional) _____

Signature _____ *Date* _____

Parish Priest

Initials / N.A.

Date

- Orthodox Study Completed
(Catechism)
- Sacrament of Baptism
- Participation in Sacraments of
Confession and Communion
- Accept the Orthodox Faith

Membership Chairperson

- Application
- Membership Dues Paid

APPROVAL OF MEMBERSHIP:

Pastor

Date

Chairperson, Membership Committee

Date

Approved at Parish Council Meeting – Date: _____

President, Parish Council

(08/2019)