

**ST. SARKIS ARMENIAN APOSTOLIC CHURCH
MEMBERSHIP DATA**

Date: _____

Name: Dr/Mr/Mrs/Ms _____

First

Middle

Last

Street Address: _____

City: _____

State: _____

Zip: _____

Home: (_____) _____

Work: (_____) _____

Cell: (_____) _____

Fax: (_____) _____

Other: (_____) _____

E-Mail _____

Work/Business Name: _____

Profession: _____

Birth date: _____

Location: _____

Baptism date: _____

Location: _____

Spouse: _____

Birth date: _____

Spouse a St. Sarkis Member Yes No

Anniversary Date: _____

Children: _____

Birth date: _____

Baptism: _____

Year

Location

Children: _____

Birth date: _____

Baptism: _____

Year

Location

Children: _____

Birth date: _____

Baptism: _____

Year

Location

Children: _____

Birth date: _____

Baptism: _____

Year

Location

**ST. SARKIS ARMENIAN APOSTOLIC CHURCH
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Languages spoken: _____

Read/written: _____

Which Parish groups/activities might you be interested in assisting:

- | | | | | |
|--|---|---|--------------------------------------|---|
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Choir | <input type="checkbox"/> Ushers | <input type="checkbox"/> Illuminator | <input type="checkbox"/> Volunteer services |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Membership | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Junior Board |
| <input type="checkbox"/> Armenian Fest | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Special events | <input type="checkbox"/> Finance | <input type="checkbox"/> PTO |
| <input type="checkbox"/> Picnic | <input type="checkbox"/> Anniversary Dinner | <input type="checkbox"/> Spring/Fall Clean Up | <input type="checkbox"/> Fellowship | <input type="checkbox"/> Ladies Guild |
| <input type="checkbox"/> Christian Educational Council | | | | |

Other: _____ (Please specify)

What skills, experience or professional services could you offer St. Sarkis Church?

In the event of an emergency: (optional)

Contact: _____ Phone (_____) _____

Allergies or Medical Alert: _____

**Confidential and Proprietary
Information provided above will not be shared outside St. Sarkis Church**