

St. Mark's Episcopal Church

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MEMBERSHIP UPDATE FORM

(Please Print Clearly)

Name: _____

Date: _____

Street: _____

City: _____ State/Zip: _____

Home Phone: _____

Alternate Phone: _____

Email: _____

Title	Name (List all Family Members)	Relationship	Baptized (Y/N)	Confirmed (Y/N)	Birthday	Wedding Anniversary	Envelope Number
Email:		Cell Phone:					
Email:		Cell Phone:					
Email:		Cell Phone:					
Email:		Cell Phone:					
Email:		Cell Phone:					
Email:		Cell Phone:					

Emergency Contacts:

Title	Name	Address	Telephone	Relationship

Circle Church Committee/s Affiliation: (1) ECW (2) Men of St. Mark's (3) Choir (4) Altar Guild (5) Ushers

(6) Acolytes (7) Lectors (8) Vestry Other: _____

Please complete and deposit in Membership Box