



Church of The Epiphany

Established 1866 AD

Civil Lines, Gurugram

Membership Application Form

Please COMPLETE the form and attach ALL the required document copies before submitting. Kindly note Incomplete applications form will not be accepted.

Please paste a recent photo of the Head of Family

Membership No. Office use – if approved

I, Full name of the Head of Family in whose name the Church membership is sought and my family who were the members of _____

Name of the previous church Church/ Were not the members of any Church (please strike out what is not applicable). I

would like to apply for membership to Church of The Epiphany. *full please attach copy of ID*

FAMILY DETAILS

Name - Head of Family Title Surname Middle Name First Name D.O.B. dd/mm/yyyy

Address: _____

Town/ City _____ State _____ PIN code _____.

Mobile No./s _____ E-mail ID _____

Have you been 'Confirmed' Yes / No . *dd/mm/yyyy* (Please attach copy of your confirmation certificate)

Occupation _____ Skills that can be used for the Church _____

If married: Date of Wedding *dd/mm/yyyy* Please attach copy of marriage certificate & Spouse's confirmation certificate

Name of Spouse _____ D O B _____

Details of Dependents

(Please note that children above the age of 18 years to fill up separate Application forms for membership)

Name (Surname, given Name/s)	M/F	Date of Birth <i>dd/mm/yyyy</i>	Date of Baptism* <i>dd/mm/yyyy</i>	Date of Confirmation* <i>dd/mm/yyyy</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

(* Please attach copies of Baptism and Confirmation certificates where applicable)

ACKNOWLEDGEMENT

As God has blessed us with enormous blessings, we pledge to contribute regularly Rs. _____ per month as our *Tithe towards God’s work / Church Fund. Kindly issue me a ‘Tithe Card’.

*** (Biblically tithe is 10% of your income)**

Please note, children above the age of 18 years to fill up separate Application forms for membership

- Thank you and we feel blessed that you would like to apply for membership to join Church of the Epiphany’s family.
- Only forms completed in all respects will be forwarded to the Pastorate Committee for approval. However, please note that Membership (if granted), will be considered Active and applicable only if you:
 - Participate in Church of the Epiphany activities and programmes;
 - Attend worship services regularly;
 - Pay regular tithes

Date: _____

Signature of Applicant

For Office Use

Identity proof Reqd.	Attached	Baptism Cert. Attached	Confirmation Cert. Attached	Marriage Cert. Attached
Head of Family	Y Y/N	Y/N	Y/N	Y/N
Spouse	N	Y/N	Y/N	
Dependent 1	N	Y/N	Y/N	N/A
Dependent 2	N	Y/N	Y/N	N/A
Dependent 3	N	Y/N	Y/N	N/A
Dependent 4	N	Y/N	Y/N	N/A
Dependent 5	N	Y/N	Y/N	N/A
Dependent 6	N	Y/N	Y/N	N/A

Pastorate Committee Approval: Yes / No

Date _____

Type of Membership: Permanent / Associate / Provisional

W.e.f. _____

Comments, if any _____

PC Secretary: *Signature*

Presbyter In-Charge: *Signature*