

New Member Form

A Parishioner of Saint Matthew's is a Beloved Child of God who:

- A. Seeks ways to share your gifts to minister to others
- B. Joins other faithful Christians in weekly worship
- C. Supports the ministry of the church by pledging generous financial support

THIS ONE SIMPLE FORM WILL TELL US EVERYTHING WE NEED TO WELCOME YOU TO St. MATTHEW'S.

PLEASE COMPLETE: 1. FAMILY PROFILE 2. INVITATION TO MINISTRY 3. Pledge Card
(located on back) (Separate Envelope)

DATE: _____

1. Family Profile

PLEASE FILL IN THE FOLLOWING INFORMATION FOR OUR PARISH REGISTRAR AND COMPUTER DATABASE:

Please Print:

Adult Household Member #1

Title (Circle one) Mr. Mrs. Miss. Dr., or other title _____

Family Last Name _____

First Name _____

Middle /Maiden (if applies) _____ Name Goes By _____

Street Address _____

Zip Code _____ City /State _____

Home Phone _____ Community Subdivision _____

Work Phone # _____ Cell Phone # _____ E-mail _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Marital Status _____

Baptized? ____ Yes ____ No Confirmed? ____ Yes ____ No _____ Female _____ Male

Date of Baptism ____ / ____ / ____ Church where Baptized _____

City/State _____

Date of Confirmation ____ / ____ / ____ Confirmed in what denomination? _____

Adult Household Member #2

Last Name, if different _____ Title (Circle one) Mr. Mrs. Miss. Dr., or other title _____

First Name _____ Name Goes By _____

Middle/Maiden Name (if applies) _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Marital Status _____

Baptized? ____ Yes ____ No Confirmed? ____ Yes ____ No _____ Female _____ Male

Date of Baptism ____ / ____ / ____ Church where Baptized _____

City/State _____

Date of Confirmation ____ / ____ / ____ Confirmed in what denomination? _____

Wedding Anniversary (if married) ____ / ____ / ____ Occupation _____

Work Phone # _____ Cell Phone # _____ E-mail _____

Children Living at Home

1. **First Name** _____ Middle Name _____ Name Goes By _____ Last Name ,if different _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Date of Baptism ____ / ____ / ____ Church where Baptized _____

City/State _____

Date of Confirmation ____ / ____ / ____ Confirmed in what denomination? _____

_____ Female _____ Male Grade in School _____ Register for Sunday School ____ Yes ____ No

2. **First Name** _____ Middle Name _____ Name Goes By _____ Last Name ,if different _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Date of Baptism ____ / ____ / ____ Church where Baptized _____

City/State _____

Date of Confirmation ____ / ____ / ____ Confirmed in what denomination? _____

_____ Female _____ Male Grade in School _____ Register for Sunday School ____ Yes ____ No

3. **First Name** _____ Middle Name _____ Name Goes By _____ Last Name ,if different _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Date of Baptism ____ / ____ / ____ Church where Baptized _____

City/State _____

Date of Confirmation ____ / ____ / ____ Confirmed in what denomination? _____

_____ Female _____ Male Grade in School _____ Register for Sunday School ____ Yes ____ No

Please list a name and phone number of an emergency contact _____

After filling out the back side of this form, please mail the completed form to:
Attention: Rector, St. Matthew's Episcopal Church, 1520 Oak Rd. , Snellville, GA 30078

Or

Give the completed form to the Vestry Member of the Day on Sunday

2. Invitation to Ministry

God has given us all gifts for ministry. We are anxious for your gifts to be shared. For information about St. Matthew's ministries please review the Invitation to Ministry booklet.

Put a check mark by any ministry that interests you.

Worship & Music Support

Vergers _____
 Acolytes _____
 Flower Guild _____
 Bread Guild _____
 Lay Liturgical _____
 Sanctuary Choir _____
 Epiphany Folk Choir _____
 Hand bell Choir _____
 Cherub Choir _____

Prayer Ministries/Orders

Order of Daughters of the King _____
 Order Brotherhood of St Andrews _____
 Order of St. Luke _____
 Healing Service with Eucharist _____
 Centering Prayer _____
 Knit, Purl and Pray _____

Inreach _____

On Boarding _____
 Stephen Ministry _____
 Eucharistic Visitors _____
 Loaves and Fishes _____
 Hospital/Home Visitors _____
 Card Ministry _____

Outreach

SE Gwinnett Cooperative Ministry _____
 Place of Seven Springs _____
 Family Promise of Gwinnett County _____
 Salt/Light Center _____
 Nursing Home Birthday Parties _____
 Gwinnett Habitat for Humanity _____
 Friends of Disabled Adults and Children _____
 Home of Hope _____
 Atlanta Community Food Bank _____
 St. Matthew's Preschool _____

Foundational Ministries

Finance Committee _____
 Stewardship _____
 Communications & Technology _____
 Long Range Planning _____
 Vestry _____
 Building & Grounds _____

Turn Around Youth _____

Ministry Team _____
 Leadership Team _____
 Youth Support Team _____
 Task Force _____
 Youth Group _____
 Sunday School _____
 Dive Bible Study _____

Children's Ministries _____

Nursery Care _____
 Sunny's Kids Sunday School _____
 Beginner's (2-3 Year Olds) _____
 Pre-K to 3rd^h Grade _____
 Fourth and Fifth Grade _____
 Acolyte Ministry _____
 St. Matthew's Preschool _____

Christian Formation (Adult)

Adult Sunday Classes _____
 Parenting Group _____
 Adult Forums _____
 Wednesday with the Word _____
 Café Theology _____
 Inquirers' Class _____
 EFM _____

Global Mission _____

Episcopal Relief and Dev. _____
 Reading Camp _____
 Rosary Ministry _____
 United Thank Offering _____

Fellowship _____

The Lunch Bunch _____
 Men's Night Out/Trivia Night _____

I wish to have my Letter of Membership transferred to St. Matthew's...

From Diocese of _____ Church _____

Address _____ City/State _____

If not for entire family, for whom? _____
