



SAINT SOPHIA GREEK ORTHODOX CATHEDRAL



Application for Membership - Please fill out and return with payment.

Application Date (m/d/y): _____ Saint Sophia Membership No: _____

Name: First _____ Middle _____ Last _____

Last Name in Greek or in English Phonetics: _____

Date of Birth (m/d/y): _____ Place of Birth: _____

Religious Faith: _____ Baptismal Date (if known-m/d/y): _____

Occupation: _____

Home Address: Street _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone: Home: _____ Work: _____ Cell: _____

Fax: _____ E-mail Address: _____

Former Parish: _____

Membership Type: Stewardship _____ Family _____ Individual _____ Special _____ Other _____
(\$1000.00) (\$700.00) (\$525.00)

Type of Payment: Full _____ Installment _____

Name of Spouse: First _____ Middle _____ Last _____

Maiden Name: _____ Religious Faith: _____

Date of Birth (m/d/y): _____ Place of Birth: _____ Baptismal Date (if known - m/d/y): _____

Occupation: _____

Place of Marriage (Church, City, State, Country): _____

Date of Marriage: _____ Former Parish: _____

Name of Child	Date of Birth	Baptismal Date	Religious Faith
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____