



MEMBERSHIP REGISTRATION FORM

(complete one form per family)

New Member Information ()
 Member Update Information ()

Family Name: _____ SCM Member Since: _____ Head of the Family: _____
(MM/DD/YYYY) (First, Middle, Last Name)

Date of Marriage: _____ Church / Location: _____
(MM/DD/YYYY)

Current Home Address: _____
(Street, City, State, Zip code)

Home Phone: _____ Cell Phone: _____ Email: _____

Number	First Name (Preferred Name)	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	Date of Baptism (MM/DD/YYYY)	Church / Location	Date of Confirmation (MM/DD/YYYY)	Church / Location
1								
2								
3								
4								
5								
6								
7								
8								

I, _____ attest the information above to be true and accurate.
(Head of the family)

I, _____ pledge to contribute \$ _____ per month to support the church (A minimum of \$60.00/month is recommended)
(Head of the family)

Signature: _____ Date: _____

Membership Fee of \$100 per Family or individual without Family per year. Check () Cash () Others ()

Approved by: _____ Date: _____
Director of St. Chavara Syro Malabar Catholic Church, Cincinnati OH