



CHICAGO MAR THOMA CHURCH

240 Potter Road Des Plaines IL 60016

(847) 376-8745 (Church), (847) 803-4933 (Vicar), (847) 803-4933 (Fax) www.chicagomarthoma.org

MEMBERSHIP APPLICATION FORM

NAME: Last: _____ MI _____ First: _____

ADDRESS: Street: _____

City: _____ **State** _____ **Zip:** _____

TELEPHONE: Home: _____ **Cell:** _____

E-MAIL : _____

ADDRESS IN INDIA: _____

HOME PARISH: _____

DETAILS OF APPLICANT & FAMILY MEMBER'S

	NAME	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE (MM/DD/YYYY)
1		APPLICANT		
2				
3				
4				
5				
6				
7				

SUBSCRIPTION PLEDGE: I prayerfully promise to pay \$_____ as monthly subscription to support our Parish.

New members are reminded to contribute and be part of Parish Building Fund.

Applicant's Signature _____

Date: __/__/_____

OFFICE USE ONLY

DECISION: Approved/ Declined/ Pending	MEMBERSHIP NUMBER:
REMARK'S	
VICAR'S NAME, SIGNATURE	DATE: : __/__/_____