

Episcopal Church of the Advent Individual Member Profile

This information will be confidential to Advent Administration

Date _____

Last Name _____ First Name _____ Middle Name _____

Name Tag Information: First Name _____ Last Name _____

Type [Circle preference] Magnet or Pin [Pacemaker, Internal Defibrillator or Insulin Pump – order pin]

Would you like to be included in our Church directory? Yes ___ No ___

Arizona Address:

Street _____ City _____ Zip Code _____

Preferred Telephone # _____ E-mail address _____

How did you hear about Advent? _____

Alternate Address:

Street _____ City _____

State _____ Zip Code _____ Dates there: from _____ to _____

Birthday: month / day / year _____ Anniversary month/day/year _____

Date baptized, if known: _____

Date confirmed or received, if known: _____

If registered in another Episcopal Church, name and location of church:

[If you would like your information transferred to Advent from your previous church, you must request it personally.]

Note: If you chose to remain a registered member of a different Episcopal parish, you will still be considered a full member of Advent, but for census reporting purposes you will be counted in the church in which you are registered.

Comments: Please list your skills or areas of interest that may benefit the Mission of the Church of the Advent:

Please return this form to the Church of the Advent
13150 Spanish Garden Drive, Sun City West, AZ 85375
www.adventepiscopalaz.org