**CHECK ONE:**

**☐ Existing Member / Family**

**☐ New Registration Date:**

**Archangel Michael Greek Orthodox Church**

P.O. Box 192

Lecanto, FL 34460-0192

MEMBERSHIP APPLICATION FORM

Please Complete in FULL and Return to the Church Office

|  |
| --- |
| **NAME (‘Όνομα)** |
| **LAST (Επώνυμων)**  | **FIRST**  | **Baptismal Name (Όνομα Βαπτίσεως)**  |
|  |  |  **Date of Birth:** |
|   |
| Please check one: | □ Baptized Orthodox (Βαπτισμένος Ορθόδοξος) |
|  | □ Confirmed Orthodox (Προσήλυτος Ορθόδοξος) |
|  |
| Please check one: | □ Single □ Married □ Widowed □ Divorced |
|  |  |
|  |
| If Married: | Date of Marriage: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  | Place of Marriage:  |
|  | Name of Church: |

|  |
| --- |
| **NAME of Spouse (‘Όνομα Συζύγου)** |
| **FIRST** | **Baptismal Name (Όνομα Βαπτίσεως)**  |
|  |  **Date of Birth:** |
|  |
| Please check one: | □Baptized Orthodox (Βαπτισμένη Ορθόδοξος) |
|  | □Confirmed Orthodox (Προσήλυτη Ορθόδοξος) |
| If not Orthodox: | □Catholic □Protestant □Other |

|  |
| --- |
| **Residence Address (Διεύθυνσης)** |
| **Street Name and Number** | **Telephone (include area code)** |
|  |  |
| City | State | Zip |
|  |  |  |

|  |
| --- |
| **NAME of Dependent Children (‘Όνομα Παιδιών)** |
| **FIRST** | **Baptismal Name (Όνομα Βαπτίσεως)** | **Date of Birth** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **E-Mail Addresses** |
| **Applicant** |  |
| Spouse |  |
| Child (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Child (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Child (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |
| --- |
| **Previous Parish** |
| **Name** |  |
| **City** |  |
| **Priest’s Name** |  |

 Upon completion of the above information, please email/forward this document to office@archangelmichaelgoc.org or bring to Church.