**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.