



# Saint George Antiochian Orthodox Cathedral

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## Membership Information Form

**Please Update/Change Your Personal Information**

*Please return your completed form to the Cathedral Office promptly.*

**Family Last Name:** \_\_\_\_\_ **Membership Number:** \_\_\_\_\_

Name (First name, Last name) <i>Please PRINT legibly.</i>	Relationship (husband, wife, children, self, etc.)	Date of Birth (M/D/YY)	Cell Phone (Area + Number)	Email Address <i>Please PRINT legibly.</i>

**Mailing Address:**

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Street (include Apt#) \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone number: (     ) \_\_\_\_\_

If married, Marriage Date: \_\_\_\_\_

Please include me in the Parish E-mail Distribution:      YES    NO

Please include me in the Phone Announcement System:      YES    NO

**Please indicate which Church Ministry each family member desires to volunteer/serve. (See Website for Ministries)**

Family Member	Church Ministry (maybe more than one)

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<b>For office use only</b>	<b>Received by:</b> _____	<b>Date entered:</b> _____
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