



THE MARTHOMA CHURCH - OTTAWA

MEMBERSHIP FORM

Name:			
	<i>First</i>	<i>Middle</i>	<i>Last</i>

Date of Birth:				Telephone:	Residence	()
	<i>Day</i>	<i>Month</i>	<i>Year</i>		Business	()

Address:			
	<i>Street</i>	<i>City</i>	<i>Postal Code</i>

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Day: Month: Year:
	<input type="checkbox"/> Widowed		<i>If married, Date of marriage</i>

Other Members of the Family	Name	Relationship	Marital Status	Date of Birth	

Parent Church:	<input type="checkbox"/> Mar Thoma	<input type="checkbox"/> CSI	<input type="checkbox"/> CNI	<input type="checkbox"/> Other, Specify: _____
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Mother Parish:	
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Address:	
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Permanent Family Address (in India)	

I hereby apply for the membership of THE MAR THOMA CHURCH OF OTTAWA. I solemnly affirm that I shall abide by the Constitution of the Mar Thoma Syrian Church and I shall be obedient to the Mar Thoma Metropolitan and other Bishops. I shall abide by the Faith and Customs of the Mar Thoma Syrian Church.

Yearly Subscription pledge amount: \$ _____
(in words)

Date: _____
Signature Signature

For Office Use Only:

_____ _____ _____
Date Name of Vicar Signature of Vicar