



Good Samaritan Church Membership Form

Today's Date _____

Family Name _____

Home Phone _____

Address _____

City & Zip _____

Home E-mail _____

Cell Phone _____

Name	Birth Date M/D/Y	Baptismal Date	Confirmation/ Rec'd Date

Wedding ~ Anniversary Date (if applicable) _____

Would you like to be transferred to Good Samaritan by Letter of Transfer from another Episcopal Church?

Yes _____ No _____