

EVANGELICAL FRIENDS CHURCH - EASTERN REGION

Parental Request for Child Membership

I (We), being member(s) of _____ Friends Church, request that my (our) child, whose name is _____ and who was born _____ month _____ day, _____ year, be received as a child member of _____ Friends Church.

I (We) promise, with God's help to do my (our) best to instruct, encourage, and aid him/her towards a personal relationship with Christ and to establish them in their Christian walk. We understand that membership status will be terminated at the age of 18 unless the individual makes application for regular adult membership (see Faith and Practice).

_____ and/or _____
(Name of Father) (Date) (Name of Mother) (Date)

If this request is approved by the Overseers, the Coordinator for Overseers will sign here and forward the Request to the Congregational Meeting for action.

(Coordinator of Overseers) (Date)

-----Tear off, Return Original Top Portion to Applicant, Give Bottom Portion to Church Statistician-----

Record of Membership

Received into child membership of _____ Friends Church on _____ (Date approved in Congregational Meeting): Birthright Membership Childhood Membership

Name (in full) _____

Address _____

Date and Place of Birth _____

Name of father _____

Name of mother before marriage _____

Father's signature _____ Date _____

Mother's signature _____ Date _____

Sr. Pastor's signature _____ Date _____

Presiding Clerk's signature _____ Date _____