|  |  |
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|  | Trinity Mar Thoma Church, Houston5810 Almeda Genoa Road, Houston, TX77048(832) 898-8699 | www.trinitymtc.org |

Membership form

|  |
| --- |
| Member Details  |
| First Name | Middle Name | Last Name |
|  |       |       |
| DOB (dd-mmm) |       | Email |  | Nickname |  |
| Home Phone |       | Cell Phone |       |

|  |
| --- |
| Houston Address |
| Street # |       | Street Name |       |
| City |       | State |    | Zip Code |       |

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| --- |
| Parish Details |
|  | Parish Name | City | State |
| Transferring From |       |       |       |
| Mother Parish |       |       |       |
| Other Parishes |       |

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| --- |
| India Address |
| Address |       |
| City |       | State |       | Zip Code |       |

|  |  |
| --- | --- |
| Other cities lived |       |

|  |
| --- |
| Spouse details |
| First Name | Middle Name | Last Name | DOB (dd-mmm) |
|       |       |       |       |
| Email |       | Nickname |  | Contact Phone |       |

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| --- |
| Parish Details |
|  | Parish Name | City | State |
| Mother Parish |       |       |       |
| Other Parishes |       |

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| --- |
| India Address |
| Address |       |
| City |       | State |       | Zip Code |       |

|  |  |
| --- | --- |
| Other cities lived |       |

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| --- |
| Marriage  |
| Date of Marriage |       |

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| Voluntary Contribution  |
| I shall voluntarily pay a monthly amount to support the parish activities (specify amount in USD) | $     |

|  |
| --- |
| Children details |
| 1 | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Gender |  | Phone |       |
| 2 | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Gender |  | Phone |       |
| 3 | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Gender |  | Phone |       |
| 4 | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Gender |  | Phone |       |
| 5 | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Gender |  | Phone |       |

|  |
| --- |
| Member’s Parents (If staying / visiting with member) |
| Father | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Phone |       |
| Mother | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Phone |       |

|  |  |
| --- | --- |
| Date of Marriage |       |

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| --- |
| Spouse’s Parents (If staying / visiting with member) |
| Father | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Phone |       |
| Mother | First Name | Middle Name | Last Name | Date of Birth |
|       |       |       |       |
| Email |       | Phone |       |

|  |  |
| --- | --- |
| Date of Marriage |       |

A family picture must be attached (or emailed to vicar) with the application.

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|       |  |  |  |
| Date |  |  | Member Signature |
|       |  |  |  |
| Date |  |  | Spouse Signature |

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| --- |
| FOR OFFICE USE ONLY |
| Prayer Group |       | ID # |       |