

ALL SAINTS



BY + THE + SEA

ALL SAINTS-BY-THE-SEA EPISCOPAL CHURCH

83 EUCALYPTUS LANE
SANTA BARBARA, CA 93108
INFO@ALLSAINTSBYTHESEA.ORG

805.969.4771
FAX 805.565.1281
WWW.ALLSAINTSBYTHESEA.ORG

MEMBERSHIP FORM

Adult [] M [] F

Name: _____

Address: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Date of Birth: _____

Baptized: [] YES [] NO

Confirmed: [] YES [] NO

Marital Status: _____

Date of Wedding: _____

Adult [] M [] F

Name: _____

Address: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Date of Birth: _____

Baptized: [] YES [] NO

Confirmed: [] YES [] NO

Marital Status: _____

Date of Wedding: _____

If transferring from another church, please complete the following:

Church/Parish Name _____ Address _____

Phone _____ Membership Dates _____

* May our volunteer coordinator call you? [] YES [] NO

* Do you or does your family have any ministry or pastoral needs of which the church should be aware? _____

* Please check one: All Saints-by-the-Sea Episcopal Church has my permission to use photographs taken at special events in their publications. [] YES [] NO

Signature: _____ Date: _____

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MEMBERSHIP FORM
CHILDREN and YOUTH

CHILD: [] M [] F

Name: _____

School: _____ grade: _____

Date of Birth: _____ Age: _____

Baptized: [] YES [] NO

Confirmed: [] YES [] NO

Email: _____

Allergies/Medications/Health Concerns: _____

CHILD: [] M [] F

Name: _____

School: _____ grade: _____

Date of Birth: _____ Age: _____

Baptized: [] YES [] NO

Confirmed: [] YES [] NO

Email: _____

Allergies/Medications/Health Concerns: _____

CHILD: [] M [] F

Name: _____

School: _____ grade: _____

Date of Birth: _____ Age: _____

Baptised?: [] YES [] NO

Confirmed? [] YES [] NO

Email: _____

Allergies/Medications/Health Concerns: _____

CHILD: [] M [] F

Name: _____

School: _____ grade: _____

Date of Birth: _____ Age: _____

Baptised?: [] YES [] NO

Confirmed? [] YES [] NO

Email: _____

Allergies/Medications/Health Concerns: _____

Please check one: All Saints-by-the-Sea Episcopal Church has my permission to use photographs taken at special events in their publications.

[] YES [] NO

If any of my children suffer a serious injury or illness, I understand that first aid will be rendered in accordance with Church policies. Any medical assistance provided or procured for them by All Saints staff or lay volunteers will be done with reasonable care as "Good Samaritans." In that spirit, I agree to release, defend, hold harmless and indemnify All Saints-by-the-Sea Episcopal Church, its staff and lay volunteers from and against any legal liability for their good faith efforts.

Parent /Guardian Signature: _____ Date: _____

Parents: Please fill out BOTH SIDES of form!