

PRESBYTERY OF SAN GABRIEL

MEMBERSHIP APPLICATION FORM

NAME _____

ADDRESS _____

SPOUSE _____ CHILDREN _____

HOME PHONE _____ BUSINESS PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ ETHNIC ORIGIN _____

CURRENT PRESBYTERY MEMBERSHIP _____

DATE OF ORDINATION _____ BY _____ PRESBYTERY
OR BY ANOTHER DENOMINATION _____

REASON FOR SEEKING ADMISSION TO THE PRESBYTERY OF SAN GABRIEL:

HONORABLY RETIRED, NOW LIVING WITH THE BOUNDS OF SAN GABRIEL PRESBYTERY
DATE OF RETIREMENT _____ BY _____ PRESBYTERY

I HAVE A CALL TO _____ CHURCH

I TEACH RELIGION, COUNSEL IN A CHURCH RELATED COUNSELING CENTER, OR AM A CHAPLAIN AT:

I AM BEING CALLED TO A MINISTRY NOT YET VALIDATED BY SAN GABRIEL PRESBYTERY, (See attached form "Application for Validation of Ministry")

EDUCATION: (Schools, years attended, degrees earned)

COLLEGE _____

SEMINARY _____

HONORARY DEGREES _____

POSITIONS SINCE ORDINATION: (Position, location, years served - most recent listed first)

SERVICE TO GOVERNING BODIES: (Committees, Commissioner to General Assembly) INCLUDE YEAR AND/OR OTHER SPECIAL ACCOMPLISHMENTS

