

The General Church of the New Jerusalem
Application for Membership

Bishop of the General Church of the New Jerusalem
Post Office Box 743
Bryn Athyn, Pennsylvania 19009 U.S.A.

Dear Bishop:

I hereby apply to be received as a member of The General Church of the New Jerusalem. I have been baptized into the faith of the New Church, and I subscribe to the principles and purposes of the General Church. I am at least twenty years of age.

Signature: _____

Date: _____
(Month) (Day) (Year)

*To ensure that information on file is correct, please complete this form. Please **Print** Clearly.*

Name in full:		
Name to appear in address (if different):		
Title (please circle)	Address:	
Ms. Miss		
Mrs. Mr.		
Other:	E-mail address:	Phone #:
Birth Date: (Month) (Day) (Year)		Place:
Father's name in full:		
Mother's maiden name in full:		
Baptism date: (Month) (Day) (Year)	Place:	Minister:
If confirmed: (Month) (Day) (Year)	Minister:	
If married: (Month) (Day) (Year)	Place:	Name of spouse:
Former church affiliation:		
Do you read English?		Which languages can you read?

Please return this application to address shown above.

For Office use only:

Application granted:	Certificate No.
	Date:
<i>Bishop</i>	