

New Member Information Sheet

☐ **Regular Member** ☐ **Associate Member** ☐ **Friend of Good Shepherd**

I plan to be welcomed as a new member at the following service:

☐ 8:00 AM ☐ 10:00 AM ☐ 6:00 PM Wednesday

Do you need a name tag? ☐ Yes ☐ No

Do you need contribution envelopes? ☐ Yes ☐ No

Name _____
(First) (Middle) (Last)

Local Address: _____

Preferred local phone: _____

Cell/Alternate phone: _____

E-mail: _____

Alternate Address: _____

Phone at Alternate Address: _____ Dates Applicable: _____

Marital Status (choose one): Married Single Divorced Widowed

Date of Birth: _____ Birthplace: _____

Baptized: _____ Confirmed: _____

(Yes or No and year if date is unknown)

Wedding Date: _____

IF YOU ARE TRANSFERRING

from another congregation, please provide the following information:

Church Name: _____

Church Address: _____

Phone: _____

☐ I have already asked my former church for a Letter of Transfer.

☐ Please contact my former church to request a Letter of Transfer.

Name

Date

I would like to learn more about these COGS Ministries:

WORSHIP & PRAYER

Acolytes
Altar Guild
Chalichists & Servers
Daughters of the King
Flower Ministry
Lay Eucharistic Ministers
Lay Eucharistic Visitors
Lectors/Prayers of the People
Music - Adult Choir
Music - Hand Bell Choir
Parish Prayer Chain
Ushers

SPIRITUAL FORMATION

Bible Study
Book Studies
Christian Education
Cursillo
Nursery Care
Sacred Ground
Sunday School
Youth Group

OUTREACH

Clothes to Kids
COGS Crafters
Dunedin Cares
Farm Workers Ministries
Freezer Ministry
Pack A Sack

FELLOWSHIP

Coffee Hour
Hospitality Team
Shepherds On The Go
Soul Sisters [ECW]
Welcome Committee

FINANCE & ADMINISTRATION

Building & Grounds
Emergency Management
Team Finance Team
Parking Lot Team
Communications
Public Relations/ Advertising

OTHER AREA OF INTEREST: _____

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