

Membership Covenant



By submitting this form you acknowledge that it is your intention to become a member of Church of the Holy Cross. You acknowledge that you have read and understood the expectations of membership and are committing to living life as a participant in this worshipping community. Furthermore, you acknowledge that you have read, affirm, and agree to uphold this church's doctrine as outlined in the Jerusalem Declaration. After signing the covenant and meeting with a pastor, you are then considered a member of this church.

Please fill out this form and email or return it by hand to the Parish Administrator (kate@holycrossva.org).

Please check one I am a new member I am reaffirming my membership

Full Name _____

Address _____

City, State, Zip _____

Email address _____

Phone _____ Date of Birth _____

Date of Baptism (month/year) _____

Denomination of Baptism _____

Date (month/year) of Anglican Confirmation or Reception (if applicable) _____

Marital Status (check one) Single Engaged Married Divorced Widowed

If married, name of spouse _____

Date of marriage _____

If you have minor children living at home, please provide information for them on the next page.

Previous Church _____ City/State _____

I would like to transfer my membership from my previous church to Holy Cross.

We will inform your previous church on your behalf that you are now becoming a member of Holy Cross.

I intend to become a member of the Church of the Holy Cross.

Intending Member

Date

Family Information

Please include information only for minor children currently living at home. If you need more space use an additional form.

Name of Parents _____

Child #1

Full Name _____

Date of Birth _____

Date (month/year) and Denomination of Baptism _____

Does your child have any special needs we should be aware of?

Child #2

Full Name _____

Date of Birth _____

Date (month/year) and Denomination of Baptism _____

Does your child have any special needs we should be aware of?

Child #3

Full Name _____

Date of Birth _____

Date (month/year) and Denomination of Baptism _____

Does your child have any special needs we should be aware of?

Child #4

Full Name _____

Date of Birth _____

Date (month/year) and Denomination of Baptism _____

Does your child have any special needs we should be aware of?