



The Episcopal Community

Marked as Christ's Own For Ever

Application for Membership in The Episcopal Community

Please Print:

Name _____

Address _____

City, State, ZIP+4 _____

E-mail _____

Phone: Home: _____ Cell: _____

Parish & City, State _____

Diocese _____ Birthday (month & date) _____

Please complete the following:

I have completed by six month study. _____ Yes _____ No

Name is your assigned mentor _____

I will be installed as a member on _____

by _____

Name of Circle (if applicable) _____

Church Name _____

Address of Church _____

Rector _____

Dues are \$50.00. Members joining from October 1st to December 31st will owe no additional dues for the following year.

Return both this form and the emblem order form with a check payable to **The Episcopal Community** for dues PLUS cost of the emblem of your choice to:

The Episcopal Community
PO Box 242
Sewanee, TN 37375

Please keep a copy of these two forms and your check for your own records.