



Bisrate Gebriel Ethiopian Orthodox Tewahedo Church



Family and Individual Membership Registration Form

Service Address: 214 Martin Luther King Jr. Dr.
Jersey City, NJ 07305
Phone #: (862)224-2201

Mailing Address: P.O. Box 133
Orange, NJ 07051
Email: bs.gebriel@gmail.com

FOR PROPER REGISTRATION PLEASE PRINT ALL INFORMATION AND INCLUDE ALL MEMBERS OF YOUR FAMILY

| | First Name | Last Name | Baptism Name | E-Mail | Home Phone | Cell Phone |
|--------------|------------|-----------|--------------|--------|------------|------------|
| Member | | | | | | |
| Spouse | | | | | | |
| Child 1 | | | | | | |
| Child 2 | | | | | | |
| Child 3 | | | | | | |
| Child 4 | | | | | | |
| Child 5 | | | | | | |
| Other Member | | | | | | |
| Other Member | | | | | | |
| Other Member | | | | | | |

Home Address _____ Apt. # _____ City: _____ State: _____ Zip Code: _____

Mailing Address:
Same as home
address?
Yes ___ No ___

Apt. # _____ City: _____ State: _____ Zip Code: _____

Monthly Pledge: _____ *(Please mail your monthly pledge or bring it to church by the 1st of each month)*

Signature: _____ Date: _____

| | |
|-------------------------------------|------------------------|
| For Membership services only | |
| Membership # _____ | Mail Copy (Circle One) |
| Signature: _____ | Yes ___ No ___ |