



Atlanta Mar Thoma Church

Mar Thoma Church of Atlanta, Inc.

775 Rays Road, Stone Mountain, Georgia 30083

APPLICATION FOR NEW MEMBERSHIP

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email 1: _____ Email 2: _____

Previous Parish _____

Husband's Home Parish _____

Wife's Home Parish _____

No	Name	Relationship	Date of Birth	Date of Marriage
1				
2				
3				
4				
5				

My family members and I wish to become members of the Atlanta Mar Thoma Church. We promise to abide by the faith, practices, rules and regulations of the Atlanta Mar Thoma Church. We will work for spiritual growth of the parish, and will share financial responsibilities of the Atlanta Mar Thoma Church.

Its' grateful recognition that all my (our) time, treasure and ability comes from God, I/we gladly join with others in supporting Atlanta Mar Thoma Church's financial needs by donating \$_____ per month. (Minimum expected monthly subscription is \$100 per month)

Applicant's Signature: _____ Date: _____

Note: Transfer certificate from the previous parish or home parish, and other necessary documents are required for approval and confirmation of the membership.

Approved by: (Name of Vicar) _____

Signature of Vicar: _____ Date: _____