

**HOLY TRINITY ARMENIAN APOSTOLIC CHURCH
MEMBERSHIP APPLICATION**

Personal Information

Last Name _____ First Name _____

Children's names and ages: _____ **Spouse's Name** _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ **E-mail:** _____

Residence Information

How many years have you resided in the Fresno Area? _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Occupation

Place of business or employment _____

Occupation _____

Spouse's Place of business or employment _____

Spouse's occupation _____

Baptismal Information

Date of Birth _____

City _____ State _____ Zip _____ Country _____

Date of Baptism _____ Church _____

Officiating Priest _____ Baptismal Certificate No. _____

Godfather _____

Prerequisites for Membership

1. Applicant must be at least 18 years of age
2. Applicant must have a Christian Baptism in the Armenian Church
3. Applicant must present proof of Baptism/Chrismation (if not baptized at Holy Trinity Armenian Church)
- 4. Applicant must submit a \$100 membership due. (This is due annually)**
5. Applicant must complete and sign this application form.

All information submitted will be reviewed by the Pastor and the Board of trustees for its validity within 30 days.
A member is eligible to vote and run for office no sooner than six months after becoming a member in good standing.

Date: _____ Signature _____

Approved by: _____ Chairman, Board of Trustees _____