



ST. KEVORK ARMENIAN CHURCH OF OREGON



Contact: Deacon Varoujan Gazarian Tel: 503 851 9672

MEMBERSHIP APPLICATION

(please print & submit with \$50 payment)

TODAY'S DATE: _____

NAME:	FIRST	MIDDLE	LAST
ADDRESS:	OCCUPATION:		
ADDRESS:	SKILLS:		
ADDRESS:	E-MAIL:		
CELL PHONE:	HOME PHONE:		
	DIOCESE NEWSLETTER		Opt In: YES / NO
RENEWING	YES / NO	\$50 ENCLOSED	YES / NO

if no, then please fill below

NEW MEMBERS ONLY			
BAPTISM DATE	_____	BIRTH DATE	_____
BAPTISM CHURCH	_____	BIRTH PLACE	_____
BAPTISM LOCATION	_____	WEDDING DATE	(OPTIONAL) _____

I hereby apply for membership in the St. Kevork Armenian Apostolic Church of Portland, Oregon, and I attest that I have been baptized and/or Chrismated in the Armenian Church, and that I accept the doctrines, hierarchical authority, canons, and rites thereof, and that I am not a member of another church. I promise to attend church, and faithfully fulfill my obligations to the church and to adhere to the By-Laws of the Western Diocese of the Armenian Church of North America. **I also understand that any information that I have provided here may be used by the Diocese for their record keeping and for communication with parishioners.**

X _____

OFFICIAL CHURCH USE ONLY			
APPROVED BY	_____	_____	_____
SIGNED BY	X	_____	_____