

ST. THOMAS MAR THOMA CHURCH, AUCKLAND				
MEMBERSHIP FORM				
HEAD	Title	First Name	Middle Name	Surname
	Petname		Date of Birth (Date/Month/Year)	
	Family Name in Kerala/Elsewhere		Suburb in Kerala/Elsewhere	
SPOUSE	Title	First Name	Middle Name	Surname
	Petname		Date of Birth (Date/Month/Year)	
	Family Name in Kerala/Elsewhere		Suburb in Kerala/Elsewhere	
Date of Marriage (Date/Month/Year)				
CHILDREN	First Name	Middle Name	Date of Birth	Relationship with Head
ADDRESS	House No	Street Name	Suburb	City
	Ph (Home)	Ph (Office)	Mobile	Fax
	Email			
Were you member of either Mar Thoma Church or Church of South India? Yes/No				
If Yes, please give the name and address of the parish where you last held membership and provide a No Objection/Transfer Letter from the Vicar of the parish				
Name of Parish				
Address of Parish				
Email				
I/We request membership in the Mar Thoma Church Auckland				
Declaration by the head of the Family if other than Mar Thoma Church (Please tick one of the boxes below)				
	I/We have been a member/members of the Church of South India and request you to admit me/us to membership as per the existing arrangement between the Mar Thoma Church and C.S.I			
	I/We have been a member/members of the -----Church and request membership in the Mar Thoma Church, Auckland. I/We subscribe to the faith and practices of the Mar Thoma Church and shall abide by the discipline of the Mar Thoma Church. (Indicate your denomination)-----			
	I agree that this information may be used by the church or associate organisation exclusively for their purpose including the inclusion in the private directory which may be published by the church.			
Place		Date	Signature	