



Saint George Antiochian Orthodox Cathedral

320 Palermo Avenue, Coral Gables, FL 33134
 Phone: (305) 444-6541 Fax: (305) 445-6530
 Email: Office@StGMiami.org Website: www.StGMiami.org

Membership Information Form

Please Update/Change Your Personal Information

Please return your completed form to the Cathedral Office promptly.

Family Last Name: _____ **Membership Number:** _____

Name (First name, Last name) <i>Please PRINT legibly.</i>	Relationship (husband, wife, children, self, etc.)	Date of Birth (M/D/YY)	Cell Phone (Area + Number)	Email Address <i>Please PRINT legibly.</i>

Mailing Address:

Street (include Apt#) _____ City/State _____ Zip _____

Home Phone number: () _____

If married, Marriage Date: _____

Please include me in the Parish E-mail Distribution: YES NO

Please include me in the Phone Announcement System: YES NO

Please indicate which Church Ministry each family member desires to volunteer/serve. (See Website for Ministries)

Family Member	Church Ministry (maybe more than one)

CONFIDENTIAL: May not be distributed or reproduced / For Authorized Parish Personnel only

For office use only	Received by: _____	Date entered: _____
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