

Armenian Church of the Holy Translators Membership Form 2017

I/We would like to become members of the Armenian Church of the Holy Translators:

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Fax _____ Email _____

Work/Other _____ Fax _____ Email _____

Name: _____ Spouse Name: _____

Date of Birth: _____ Date of Birth: _____

Occupation: _____ Occupation: _____

Baptized: _____ Baptized: _____

(Denomination – i.e. Armenian Church, Roman Catholic, Protestant, Other)

I/We have _____ children:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

My/Our Armenian Church of the Holy Translators Stewardship commitment for 2017 will be:

___ \$360 ___ \$600 ___ \$1,200 ___ \$2,400 ___ \$3,600 _____ Other (please specify)

All pledges to be fulfilled by December 31, 2017.

I have enclosed my/our membership dues for 2017:

\$175 per adult \$ _____ \$75 per senior and student (18- 25 y.o.) \$ _____

If you would like to make your payment by credit card (MasterCard, Visa, or American Express), please circle which card, write in your card number, expiration date, and the amount you would like charged:

Visa / MC / Amex Acct. Number: _____ Exp. Date: _____

Amount: \$ _____

Signature _____ Spouse's Signature _____

Return to: Armenian Church of the Holy Translators ▪ 38 Franklin Street ▪ Framingham, MA 01702

508-875-0868

www.holytranslators.org