

Armenian Church of the Holy Translators Membership-Stewardship Form

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

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____ Email _____

Cell _____ 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 _____ child(ren):

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

I have enclosed my/our membership dues:

\$175 per adult \$ _____ \$100 per senior (age 67+) \$ _____

\$25 per student (ages 18- 25) \$ _____

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

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

All pledges to be fulfilled by December 31.

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 _____

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

508-875-0868

www.holytranslators.org

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