

SANDY SPRING MONTHLY MEETING
RELIGIOUS SOCIETY OF FRIENDS

MEMBERSHIP RECORD

FULL NAME: _____
(Include maiden name or other names used in parentheses)

CURRENT MAILING ADDRESS: _____

PHONE NUMBER: _____

DATE MEMBERSHIP WAS APPROVED BY MONTHLY MEETING: _____

BY: FULL ACTIVE MEMBERSHIP ASSOCIATE MEMBER
 CONVINCEMENT PARENTAL REQUEST BIRTHRIGHT
 TRANSFERRED FROM: _____

COMMENTS: _____

BIRTHDATE: _____ PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

SPOUSE'S FULL NAME: _____

MARRIAGE DATE: _____ PLACE OF MARRIAGE: _____

CHILDREN:

NAMES

DATE OF BIRTH

WELCOME AND NURTURE COMMITTEE: _____

DATE: _____ SIGNATURE: _____

PLEASE RETURN PROMPTLY TO:

Jocelyn W. Shotts, Recorder
c/o Sandy Spring Monthly Meeting
17715 Meeting House RD
Sandy Spring, MD 20860