Application for Membership WESTMINSTER PRESBYTERIAN CHURCH LANCASTER, PA

For Office Use Only				
Pastoral Interview:				
Date	Initials			
Roll Book # Date Joined				
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Full Name				
.ddress (Street)		(First)	(Mic	ldle/Maiden)
(ailing)				
PO Box City/	Town	,	State	Zip
Sirthday/	Place of Bir	rth		
Cell Phone ()			City	State
Home Phone ()				
Occupation				
Place of Business				
Baptism Date/	Place			
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