

PRESBYTERY OF SAN GABRIEL MEMBERSHIP APPLICATION

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Ethnic Origin _____

Current Presbytery Membership: _____

Date of Ordination: _____ By: _____ Presbytery

Or by another denomination: _____

Reason for seeking admission to Presbytery of San Gabriel:

_____ Honorably Retired, now living within the bounds of San Gabriel Presbytery

Date of Retirement _____ By _____ Presbytery

_____ I have a call to _____ Church

_____ I teach religion, counsel in a church related counseling center, or am a chaplain at:

_____ I am being called to a ministry not yet validated by San Gabriel Presbytery, (See attached form "Application for Validation of Ministry")

Education: (Schools, years attended, degrees earned)

College: _____

Seminary: _____

Honorary Degrees: _____

Positions since ordination: (Position, location, years served – most recent listed first)

Service to governing bodies: (Committees, Commissioner to General Assembly) Include year and/or other special accomplishments:

Spouse _____ Children _____