



Penney Memorial Church

Penney Farms, Florida

REQUEST FOR MEMBERSHIP

Date: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Date entered PRC: _____

Phone No.: _____

Present Address: _____

Previous City, State & Zip Code: _____

Name of former church: _____

Address of former church: _____

Next of kin: _____ Relationship: _____

Address: _____ Phone No.: _____

Type of Church Membership requested:

_____ Full Membership with Penney Memorial Church

_____ Associate Membership with PMC (while continuing membership elsewhere).

Please return membership form to the church office. If you have any questions, you can contact Charlotte McBride 813-476-1847.

Date received into membership: _____

Church Moderator: _____