



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: _____

Name of past/present church:

Address of past/present 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 place membership request in Cathy Crafford's HUB 4065 Studio. If you have any questions you can contact Cathy @ 904.570.8353

Date received into membership: _____

Church Moderator: _____