**New Member & Transfer of Membership – Gwynedd Friends Meeting**

Please complete this form for the use of the Recorder of GFM. Print or type and forward to the recorder, Karen Russell **karenrussell223@gmail.com** and the office manager **office@gwyneddmeeting.org**

|  |  |
| --- | --- |
| Full name of new or transferring member |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth |  | Optional: Name at birth |  |

|  |  |
| --- | --- |
| Name to be listed in the Directory (if different) |  |

|  |  |
| --- | --- |
| If transferring member, name of former Meeting |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary phone |  | Cell |  | Landline |  |

**Those married or with partners, please complete the following:**

|  |  |
| --- | --- |
| Name of spouse/partner |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary phone |  | Cell |  | Landline |  |

**If children attend with you, please list full name(s0 and date(s) of birth**

|  |  |  |
| --- | --- | --- |
| Name | DOB | Accepted into Membership |
|  |   | Y |  | N |  |
|  |  | Y |  | N |  |
|  |  | Y |  | N |  |
|  |  | Y |  | N |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Information supplied by |  | Date |  |