

Bridge City Friends Meeting

Membership Record

(Print Form & mail to M & O Clerk, P.O. Box 286, Portland, Oregon 97207)

Full Name, current address &
Phone Number(s)

Date of Birth

Place of Birth

Date of BCFM Membership

Date of Membership in Society of Friends (if different)

Previous Meetings attended
and approx dates (if known)

Family and Contact Information

Spouse/Partner's Name, and
contact information [address & phone]

Parent's Name, Yr of Birth and (if alive)
contact information [address & phone]

Parent's Name, Yr of Birth and (if alive)
contact information [address & phone]

Children Name, DOB, &
Contact Information

A person who will always know
where I am - *please include as
much information as possible.*

For Meeting Use Only

Date Removed:

By Death:

By Transfer to:

Place of burial:

REMARKS