

# HOLY TRINITY GREEK ORTHODOX CHURCH

## Biloxi, MS

Holy Trinity uses the "Fair Share" system to support the ministry of our parish. In this system each member pledges as he/she is able. Please take a few minutes to read the "Come and See" brochure.

### 2020 Membership Declaration

I declare my intention to be a member of the Holy Trinity Greek Orthodox Church in Biloxi, per the criteria listed below:

- I am a baptized or chrismated Orthodox Christian;
- I am a communicant in the Holy Mysteries;
- I am over 18 years of age;
- I have made a written commitment of support to the parish by pledging my time, talent, and treasures.

(Your pledge below may be updated at any time in the future.) **Declared members have voting privileges at the parish meetings and elections.** Members' printed names:

1. \_\_\_\_\_ 2. \_\_\_\_\_

***Come and See God work through your talents, skills and experience, as well as your financial support..***

**Pledge of TIME/TALENT:** I/We would like to offer my/our time & talents to the ministries of Holy Trinity in the following areas:

Worship:  Choir  Reading  Altar Server  Other: \_\_\_\_\_

Education:  Sunday School  Adult Education  Other: \_\_\_\_\_

Hospitality:  Greeting  Coffee Hour  Cooking  Visitation of Elderly/Infirm

Maintenance:  Cleaning  Grounds  Construction  Electrical/Plumbing

Administration:  Council  Stewardship Committee  Mailings  Technology  Legal Events:

Greek Night  Bake Sale  Community Outreach  Other: \_\_\_\_\_

**Pledge OF TREASURES:** I/We commit to Christ and His Church through this pledge. I/We expect to give the following amount: \$\_\_\_\_\_  Weekly  Monthly  Annually

"On the first day of every week, each one of you should set aside a sum of money in keeping with his/her income" (See 1 Corinthians 16:2)

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### PERSONAL INFORMATION:

SELF: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Orthodox? Yes / No Name Day/Baptismal Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email (**please provide this**): \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth date: \_\_\_\_\_

SPOUSE: Name: \_\_\_\_\_

Orthodox? Yes / No Name Day/Baptismal Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth date: \_\_\_\_\_

Names, Birth dates, and Name Days of Dependent Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members who have filled out the Membership Declaration Form:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_