**REQUEST for MEMBERSHIP, SOJOURNER STATUS, or TRANSFER**

**FRIENDS MEETING OF WASHINGTON**

**2111 Florida Avenue NW Washington, D.C. 20008-1912**

***(Please type or print)***

 Date \_\_\_\_\_\_\_\_\_\_\_\_

Action Requested: ( ) Membership ( ) Sojourner Status ( ) Transfer to another Meeting Community ( ) Other

 (*If action other than Membership is being requested, Clerk of Membership Committee will contact you*)

Requester’s name

*(first) (middle) (last)*

Any previous names

Address Home Phone

 Work Phone

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth Sex: ( ) Female ( ) Male ( ) Other

## Requester’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( ) If requesting membership, I have attached a letter that describes my spiritual journey and reasons I am requesting membership in the Friends Meeting of Washington of the Religious Society of Friends.

 It is recommended the letter includes your understanding of Quaker worship and practice through attendance at Meeting for Worship, consultation with members, and familiarity with Baltimore Yearly Meeting’s ***Faith and Practice, Handbook,*** and other Quaker literature. Also important is your readiness to assume, so far as you are able, the responsibilities of membership, including attendance at Meeting for Worship and Meeting for Business, service on committees, and financial support of the Meeting (letter required)

( ) If requesting membership, I have attended Inquirer’s Class (encouraged, not required)

## CHILD'S ASSOCIATE MEMBERSHIP

## Your child(ren) will become Associate Members when you become a member unless you request otherwise. At the age of 25, your

## child will be asked whether she/he wishes to maintain or terminate a membership relationship with Friends Meeting of Washington.

## Please list child(ren)’s names and date(s) of birth below unless you do not wish your child(ren) to become Associate Members:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## INITIAL ACTION TAKEN ON MEMBERSHIP (not to be completed by Applicant)

Clerk, Membership Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee action taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk of the Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting action taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## OTHER ACTION TAKEN ON MEMBERSHIP

Clerk, Membership Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting action taken (for example, removal or transfer of membership) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If removal, by: resignation ( ) Meeting action ( ) death ( )

 If transfer or sojourn, to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_