



# MEMBERSHIP REQUEST CHURCH OF THE ANGELS

Please print the following:

Name \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I am willing to receive emails from TCOTA

Yes

No

Circle One

*Your personal information and email will only be used for Church purposes and will not be shared. Please give this form to any board member or place it in the collection basket or scan and return via email to [thechurchoftheangels@gmail.com](mailto:thechurchoftheangels@gmail.com)*

*Thank you.*