



The Church of the Angels
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MEMBERSHIP REQUEST FOR THE CHURCH OF THE ANGELS

Please print the following:

DATE: _____

NAME _____

MAILING ADDRESS _____

PHONE NUMBER/S _____

EMAIL ADDRESS/ADDRESSES

Your personal information and email will be used for Church business only and will not be shared. Please return this completed form to any board member or drop it in the collection basket or membership box. Your request will be reviewed. New members will receive an email confirming their membership and will receive the monthly newsletter.