

Membership Form

Family Name	First Name(s)	Birthdate(s)

Address: _____

Postal Code and City: _____

Telephone: _____

Email address: _____

Do you hold membership at another church? Will you maintain this membership (affiliate)?

I / We wish to join IPC as:

affiliate member(s) permanent member(s)

Please remember to provide a short bio and photograph of you/your family that we can use for our bulletin insert of new members on the next New Member Sunday.
For example: What brings you to Zürich? How long are you planning to stay? How are you already involved at IPC? Special interests, hobbies, other languages, your faith journey

YES / NO My name, address and phone number may be published in the IPC directory.

YES / NO This information may be kept in the church records.

YES / NO I would like to receive the church newsletter:

Date: _____ Signature: _____

Please return this form to: International Protestant Church
Zeltweg 20
8032 Zürich
office@ipc-zurich.org