

TRINITY LUTHERAN CHURCH MEMBERSHIP FORM

Membership Date _____

General Information

Household Name _____

Household Mailing Address _____ City _____ Zip Code _____

Household Phone Number _____ Listed _____ Unlisted _____

Member Name _____ (Maiden Name) _____
First Middle Last

Birthdate: _____ Baptism Date _____ Confirmation date or place _____

E-mail _____ Cell Phone (H) _____

Member Name _____ (Maiden Name) _____
First Middle Last

Birthdate _____ Baptism Date _____ Confirmation date or place _____

E-mail _____ Cell Phone _____

Family Information

Marriage Date _____

Names of children becoming members with you

1. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

2. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

3. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

4. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

Please list any information that may be helpful to the staff of Trinity concerning special circumstances involved with the children: ie: step-children; different address than yours, etc.

Place of Employment (H) _____ Work Phone (H) _____

Place of Employment (S) _____ Work Phone (S) _____

Emergency Contact Person _____ Phone Number _____

Spiritual Information

Are you presently a member of a church? Yes _____ No _____

If 'yes,' have you secured your transfer or release? _____ Would you like us to take care of that for you? _____

Name and address of your former church _____

How did you come to attend this congregation? _____

Invited _____ Phone book _____ Website _____ Radio _____ Billboard _____

Who do you know in this congregation? _____

Communication Information

New Members will be received during worship _____

- 6:15 p.m. Wednesday 8:00 a.m. Sunday
 6:00 p.m. Saturday 10:30 a.m. Sunday

Please check the worship service that will work best for your schedule.

How would you like to receive your Trinity Times Monthly Newsletter? E-mailed _____ Mailed _____

(E-mail addresses will not be sold.)

Would you like to learn more about our automatic giving plan? _____

OFFICE USE ONLY

In church windows _____

Updated in Directory changes _____

Names given to help channel gifts _____

Skills/Interest books updated _____