

**FIRST EVANGELICAL LUTHERAN CHURCH
NEW MEMBERSHIP FORM**

GENERAL INFORMATION:

Date: _____

Household Mailing Address: _____

Address

City

State

Zip

Household Phone Number: () _____ and/or

Cell Phone() _____

Member Name: _____ (Maiden Name) _____

Birthdate: _____ Baptism Date: _____

Confirmation Date: _____ E-mail: _____

Cell Phone:() _____ Place of Employment : _____

Spouse/Partner Name: _____ (Maiden Name) _____

Birthdate: _____ Baptism Date: _____

Confirmation Date: _____ E-mail: _____

Cell Phone:() _____ Place of Employment : _____

Anniversary Date: _____

Emergency Contact Person: _____ Phone #:() _____

FAMILY INFORMATION:

Names of Children becoming members with you:

1. Full Name: _____
 Birthdate: _____ Baptism Date: _____
 School Grade: _____ Confirmation Date _____

2. Full Name: _____
 Birthdate: _____ Baptism Date: _____
 School Grade: _____ Confirmation Date _____

3. Full Name: _____
 Birthdate: _____ Baptism Date: _____
 School Grade: _____ Confirmation Date _____

4. Full Name: _____
 Birthdate: _____ Baptism Date: _____
 School Grade: _____ Confirmation Date _____

Please list any information that may be helpful to the staff of First Evangelical Lutheran Church concerning special circumstances involved with the children. (i.e. step children, different address than yours, etc.)

CHURCH AFFILIATION:

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

If yes, have you secured your transfer? _____

Would you like us to take care of that for you? _____

Name & Address of your former church:

How did you find out about our church?

Invited _____ Website _____ Social Media _____ Other _____

Office use only:

Date Member Received _____ Offering Envelope Number _____

Flockbase Entry Date _____ Initials _____