

# TRINITY LUTHERAN CHURCH MEMBERSHIP FORM

## General Information

How do you want your mail addressed? \_\_\_\_\_

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) \_\_\_\_\_  
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**Member Name** \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
First Middle Last

Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_ Confirmation date or place \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

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## 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.

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**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 \_\_\_\_\_

Do you have any special needs for you or loved one? \_\_\_\_\_

How did you come to attend this congregation? \_\_\_\_\_

Invited \_\_\_\_\_ Phone book \_\_\_\_\_ Website \_\_\_\_\_ Radio \_\_\_\_\_ Billboard \_\_\_\_\_

Who do you know in this congregation? \_\_\_\_\_

(Please note, your photo will be taken at the Orientation meeting)

**Communication Information**

New Members will be received during worship services the week of \_\_\_\_\_

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? \_\_\_\_\_

Which word defines your family unit? (please circle one)

*Single; Single with children; Couple with children; Couple without children; Retirees*

**About you** (this short narrative will be used in a booklet for our members to use to get to know you)

**Please write a short narrative that describes where you/your family have lived, you/your family's work history, you/your family's interests, you/your family's spiritual journey and what attracted you to Trinity.**

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**OFFICE USE ONLY**

In church windows \_\_\_\_\_ In Directory changes \_\_\_\_\_ Skills/Interest books updated \_\_\_\_\_