

# 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 \_\_\_\_\_

Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
First Middle Last if applicable

Birthdate: \_\_\_\_\_ Have you been baptized (yes) \_\_\_ (no) \_\_\_ Baptism Date \_\_\_\_\_

Have you been confirmed (yes) \_\_\_ (no) \_\_\_ Confirmation date or place \_\_\_\_\_

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

Place of Employment (if applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
First Middle Last if applicable

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

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

Place of Employment (if applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

---

## Tells us about your household

What would you like the staff to know about your family? *(Note: a biography section for the congregation is on the back.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## If you have children joining you, please list their names below.

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 \_\_\_\_\_

If married, let us know the date of your marriage \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_



**Congregational 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 find out about this congregation? \_\_\_\_\_

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

Who, if anyone, do you know in this congregation? \_\_\_\_\_

**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.*

**Communication Information**

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 words describe your family unit? (please circle)*

*Single; Single with children; Widowed, Couple with children; Couple without children; Retiree(s)*

**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 helps us get to know you better. You may want to describe where you/your family have lived, what you do in your daily life, your hobbies, your spiritual journey and/or what you're excited about as you become a member of Trinity.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note, your photo will be taken at the orientation meeting to be included in the new member booklet.*

**OFFICE USE ONLY**

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