

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) _____

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? _____

(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.

OFFICE USE ONLY

In church windows _____ In Directory changes _____ Skills/Interest books updated _____