NEW MEMBER FORM

Name (First, Middle, Last)	Mr				
NAME (FIRST, MIDDLE, LAST)	MRS				
Address					
NEWSLETTER EMAIL/MAIL					
MR BIRTHDATE	Mrs/Ms Birthdate				
LANDLINE	MR CELL	Mrs/Ms Cell			
MR EMAIL					
MRS EMAIL					
Marriage Date	CITY & STATE _	FORMER MEMBER? (Y/N)			
Name of Church	Wife's Maiden Name				
MALE BAPTIZED YES OR NO IF SO, WHERE/DATE					
MALE CONFIRMED YES OR NO IF SO, WHERE/DATE					
FEMALE BAPTIZED YES OR NO IF SO, WHERE/DATE					
FEMALE CONFIRMED YES OR NO IF SO, WHERE/DATE					
TRANSFERRING FROM					
(LIST CHURCH NAME, CITY & STATE)					
DENOMINATION IF LUTHERAN, ELCA OR OTHER (CIRCLE ONE)					
FAMILY MEMBERS TRANSFER	RING FROM THIS CHURCH _				
Notes					

CHILD 1 NAME (FIRST, MIDDLE, LAST)					
BIRTHDATE	School Grade	CITY & STA	TE BORN IN		
BAPTIZED YES OR NO	IF SO, WHERE				
CONFIRMED YES OR NO	IF SO, WHERE				
			TE BORN IN		
BAPTIZED YES OR NO	IF SO, WHERE				
CONFIRMED YES OR NO	IF SO, WHERE				
CHILD 3 NAME (FIRST, MIDI	DLE, LAST)				
BIRTHDATE	School Grade	CITY & STA	TE BORN IN		
BAPTIZED YES OR NO	IF SO, WHERE				
CONFIRMED YES OR NO	IF SO, WHERE				
CHILD 4 NAME (FIRST, MID	DLE, LAST)				
			TE BORN IN		
CONFIRMED YES OR NO	IF SO, WHERE				
FOR ADMINISTRATIVE USE	ONLY				
JOINING DATE	RECOGNITION DA	TE	ENVELOPE NO.		
STATISTICAL REPORT I	ENTER IN DATA BASE	FAMILY PICTURE	Constant Contact		
NEWSLETTER MAIL OR EMA	ILNEW MEMBER	PACKET	ROL REGISTRATION YES OR NO		
TRANSFER REQUESTED BY	ANSFER REQUESTED BY DATE REQUESTED				
RECEIVED TRANSFER INFOR	RMATION DATE R	ECEIVED	BY (INITIALS)		

REV 3/14/2019