

Surname: _____

Zion Lutheran Church Membership Information Sheet

Office Use

Type of membership: Full _____ Associate _____

Date to be received: _____ Service Time: 5:30 8:00 10:00

Family Address: _____

Home Telephone: (_____) _____ Unlisted

Family E-Mail: _____

(weekly info and monthly newsletter will be sent to above email)

Wedding Date (if applicable) _____



Name: _____ Maiden Name: _____

Date of Birth: _____ Birth Location: _____

Cell Number: _____

Email Address: _____

Education Level: _____

Occupation: _____

Place of Employment: _____

Hobbies and Interests: _____

Baptism Date: _____ Church: _____

Location: _____ Pastor: _____

Confirmation Date: _____ Church: _____

Location: _____ Pastor: _____

Last Church Home: _____

Address: _____ Pastor: _____

Office Use

How to be received: _____ Baptism _____ Letter of Transfer (ELCA Church) _____ Affirmation of Faith

Name: _____ Maiden Name: _____

Date of Birth: _____ Birth Location: _____

Cell Number: _____

Email Address: _____

Education Level: _____

Occupation: _____

Place of Employment: _____

Hobbies and Interests: _____

Baptism Date: _____ Church: _____

Location: _____ Pastor: _____

Confirmation Date: _____ Church: _____

Location: _____ Pastor: _____

Last Church Home: _____

Address: _____ Pastor: _____

Office Use

Church Experience: _____

How to be received: ___ Baptism ___ Letter of Transfer (ELCA Church) ___ Affirmation of Faith



Names for Directory: _____

Miscellaneous Information: _____
