ST. MATTHEW'S LUTHERAN CHURCH MEMBERSHIP FORM

Date		-			
Household Last N	Name				
Household Mailing Address			City		
Zip Code					
Household Phone Number			Listed	Unlisted	
Member Name					
	First	Middle	Last		
Birthdate	Baptism	Baptism Date		Confirmation Date	
E-mail		Cell F	hone		
Spouse Name (if					
	First		Middle	Last	
Birthdate	Baptism	Baptism Date Confirmation Date			
E-mail		Cell Ph	none		
Family Information	on				
Marriage Date _					
Names of childre	en becoming mem	bers with you			
1. Full Name			Birthdate	Grade	
Baptism Date		Confirmatio	n Date		
2. Full Name			Birthdate	Grade	
Baptism Date		Confirmation Date			
3. Full Name			Birthdate	Grade	
Baptism Date		Confirmatio	n Date		
4. Full Name			Birthdate	Grade	
Baptism Date	·	Confirmatio	n Date		

Please list any information that may be helpful to the staff of St. Matt's concerning special circumstances involved with the children: ie: step-children; different address than yours, etc.

Employer Information	
Place of Employment	
Work Phone	
Spouse Place of Employment	
Work Phone	
Emergency Contact Person	
Emergency Contact Phone Number	
Spiritual Information	
Are you presently a member of a church	n? Yes No
If 'yes,' name and address of your forme	er church
What brought you to St. Matt's?	
Do you know anyone already in the cor	ngregation? If so, who?
Would you like to know more about any	of the following for your family?
Baptism Sunday School	Confirmation
Bibles (typically given in 3 rd Gr	rade)
First Communion Instruction	(typically done at 5 th Grade)
Communication Information	
New Members will be received during w	vorship on (date)
Will you be in attendance that day? Ye	s No
How would you like to receive The Messe	enger, your Monthly Newsletter?
E-mailed Mailed	
**************************************	********************
In Church 360	Offering Envelope Number
Church Mailbox Created	