

Grace Lutheran Church and School Membership Registration

Family Last Name _____

Address _____
Street

City State Zip Cell Telephone _____

Home Telephone (____) _____ Household E-Mail _____

PRIMARY CONTACT (Mr. Mrs. Ms) _____
First Middle Last Maiden (If applicable)

Employer _____ Title/Occupation _____

Work Phone (____) _____ Personal e-mail _____

Emergency Contact other than spouse: _____
Name Relationship Phone number

Birth Date ___/___/___ Date Married (if app.) ___/___/___ Single Divorced Widow/er

Baptism Date ___/___/___ Church and City _____

Confirmation Date ___/___/___ Church and City _____

What was your previous church? _____
Church City State

How long has it been since you've regularly attended your previous church? *Less than a year*
 One to three years *More than three years* *I have not regularly attended a church previously*

If you are a member of another church and are joining at this time, please contact the church and ask that they transfer or release you

SPOUSE OR

SECONDARY CONTACT (Mr. Mrs Ms) _____
First Middle Last Maiden (If applicable)

Employer _____ Title/Occupation _____

Work Phone (____) _____ Personal E-mail _____

Birth Date ___/___/___ Cell Telephone _____

Baptism Date ___/___/___ Church and City _____

Confirmation Date ___/___/___ Church and City _____

What was your previous church? _____
Church City State

How long has it been since you've regularly attended your previous church? *Less than a year*
 One to three years *More than three years* *I have not regularly attended a church previously*

Is your spouse considering membership? yes no I don't have a spouse

