S:\Brand\Logo without cross B&W.tif**New Member Information**

To become a member of St. John’s, RETURN COMPLETED FORM   
to the Office Manager mailbox by the offices. One form per family.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**household information:**

address: city zip

home phone: preferred number: ❑home or ❑cell ❑listed or ❑unlisted

*if no landline, please list primary cell phone*

**Please provide the following information for each family member joining St. John’s Lutheran Church:**

**adult 1:**

full name: goes by name:

birthdate: baptism date: confirmation date:

marital status (circle one): ❑married: date \_\_\_\_\_\_\_\_\_\_ ❑single ❑widowed ❑divorced ❑separated

cell phone: email:

gender: ❑male ❑female occupation/employer:

hobbies/interests:

please add me to following email lists: ❑prayer chain ❑Happenings (weekly announcements) ❑Sunday School

preferred way to receive our monthly newsletter: ❑mailed to home ❑email link to an electronic version ❑ both

preferred method to give: ❑offering envelopes ❑electronically

**adult 2:**

full name: goes by name:

birthdate: baptism date: confirmation date:

cell phone: email:

occupation/employer: gender: ❑male ❑female

hobbies/interests:

please add me to following email lists: ❑prayer chain ❑Happenings (weekly announcements) ❑Sunday School

**child 1:**

full name: goes by name:

birthdate: baptism date: date of first communion:

confirmation date: year of graduation: school district: gender: ❑M ❑F

cell phone: email:

hobbies/interests:

**child 2:**

full name: goes by name:

birthdate: baptism date: date of first communion:

confirmation date: year of graduation: school district: gender: ❑M ❑F

cell phone: email:

hobbies/interests:

**child 3:**

full name: goes by name:

birthdate: baptism date: date of first communion:

confirmation date: year of graduation: school district: gender: ❑M ❑F

cell phone: email:

hobbies/interests:

**child 4:**

full name: goes by name:

birthdate: baptism date: date of first communion:

confirmation date: year of graduation: school district: gender: ❑M ❑F

cell phone: email:

hobbies/interests:

(Please use a second form if additional space is needed.)

□ I am/we are transferring to St. John’s from another church:

Church name, city & state:

**getting to know you:**

How did you hear about St. John’s?

How long have you lived in our community?

Any special needs or situations of which the Pastors or church should be aware?

**For office use only**  
\_\_\_ ACS \_\_\_ nametags \_\_\_ Request transfer if needed \_\_\_\_\_\_ Envelope Number

\_\_\_ MSP \_\_\_ MailChimp \_\_\_ Follow Up letter \_\_\_ Time & Talent