



New Member Information

To join St. John's, RETURN COMPLETED FORM to the Office Manager mailbox by the offices or email to admin@stjohnsbrookfield.org. One form per family.

Today's 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: _____
last name first name

birthdate: _____ baptism date: _____ confirmed: yes no gender: _____

marital status (check one): married date _____ single widowed divorced separated

cell phone: _____ email: _____

okay to text cell: yes no occupation/employer: _____

hobbies/interests: _____

please add me to following email lists:

- prayer chain
- Happenings (weekly announcements)
- Sunday School
- Newsletter (monthly)

preferred method to give:

- offering envelopes
- electronically

Adult 2:

full name: _____ goes by name: _____
last name first name

birthdate: _____ baptism date: _____ confirmed: yes no gender: _____

marital status (check one): married date _____ single widowed divorced separated

cell phone: _____ email: _____

okay to text cell: yes no occupation/employer: _____

hobbies/interests: _____

please add me to following email lists: prayer chain Happenings Sunday School Newsletter

Child 1:

full name: _____ goes by name: _____
last name first name

gender: _____ birthdate: _____ baptism date: _____ first communion date: _____

confirmation date: _____ year of graduation: _____ school district: _____

cell phone: _____ okay to text: yes no email: _____

hobbies/interests: _____

Child 2:

full name: _____ goes by name: _____

last name

first name

gender: _____ birthdate: _____ baptism date: _____ first communion date: _____

confirmation date: _____ year of graduation: _____ school district: _____

cell phone: _____ okay to text: yes no email: _____

hobbies/interests: _____

Child 3:

full name: _____ goes by name: _____

last name

first name

gender: _____ birthdate: _____ baptism date: _____ first communion date: _____

confirmation date: _____ year of graduation: _____ school district: _____

cell phone: _____ okay to text: yes no email: _____

hobbies/interests: _____

Child 4:

full name: _____ goes by name: _____

last name

first name

gender: _____ birthdate: _____ baptism date: _____ first communion date: _____

confirmation date: _____ year of graduation: _____ school district: _____

cell phone: _____ okay to text: yes no 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 MailChimp Envelope/Giving Number New member Gathering Invite MSP Time & Talent Follow Up letter Request transfer if needed