

# ST MARK'S LUTHERAN CHURCH

*Grow in Faith to Love and Serve*

## MEMBERSHIP FORM

### General Information

Name: \_\_\_\_\_  
                                                First                                                Middle                                                Last

Birthdate: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date/Place: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (spouse of applicable): \_\_\_\_\_  
                                                First                                                Middle                                                Last

Birthdate: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date/Place: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Household Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Household Phone Number: \_\_\_\_\_

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### Family Information

Which word defines your family unit? (please circle one)

Single          Single with children          Couple with children          Couple without children          Retiree

Other: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Names of children becoming members with you

1. Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Grade: \_\_\_\_\_  
                                                First                                                Middle                                                Last

Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Grade: \_\_\_\_\_  
                                                First                                                Middle                                                Last

Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Grade: \_\_\_\_\_  
                                                First                                                Middle                                                Last

Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any additional information that may be helpful for the staff of St Mark's to be aware of concerning special circumstances for you or with your children: ie: step-children; different address than yours, allergies, special needs, etc.

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Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Spiritual Information

Are you presently a member of a church? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes,' have you secured your transfer or release? \_\_\_\_\_

If 'no', would you like us to take care of that for you? \_\_\_\_\_

Name and address of your former church: \_\_\_\_\_

How did you come to attend this congregation? \_\_\_\_\_

Who do you know in this congregation? \_\_\_\_\_

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How would you like to receive your Monthly Newsletter? E-mail \_\_\_\_\_ Mailed \_\_\_\_\_

(Please note that we do not share E-mail addresses externally.)

Would you like to learn more about our automatic giving plan? \_\_\_\_\_

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### About you (this short narrative will be used to help our members get to know you)

Please write a short narrative about your family, you could include where you/your family have lived, you/your family's interests, you/your family's spiritual journey and what attracted you to St Marks.

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OFFICE USE ONLY  
In church windows \_\_\_\_\_ In Directory changes \_\_\_\_\_ Skills/Interest books \_\_\_\_\_