



SALEM LUTHERAN CHURCH

MEMBERSHIP FORM

Household Name

Household Mailing Address

City

Zip Code

Household Phone Number

Household Email Address

Winter Mailing Address (If applicable)

City

Zip Code

Winter Phone Number (If applicable)

Name of Church Previous or Currently Members

Church Address

City

Zip Code

Joining as: Members / Associate Members

May we contact church to transfer membership: Yes / No

Please Fill Out for Each Member of Household Joining Church:

Member Name: (First)

(Middle)

(Last)

(Maiden)

Birthdate

Baptism Date

Confirmation Date and Place

Marital Status: Single Married / Date Married _____ Divorced Widowed

Cell Phone Number

Email Address

Emergency Contact Person (Relationship)

Phone Number

Member Name: (First) (Middle) (Last) (Maiden)

Birthdate Baptism Date Confirmation Date and Place

Marital Status: Single Married / Date Married _____ Divorced Widowed

Cell Phone Number Email Address

Emergency Contact Person (Relationship) Phone Number

Member Name: (First) (Middle) (Last) (Maiden)

Birthdate Baptism Date Confirmation Date and Place

Marital Status: Single Married / Date Married _____ Divorced Widowed

Cell Phone Number Email Address

Emergency Contact Person (Relationship) Phone Number

Member Name: (First) (Middle) (Last) (Maiden)

Birthdate Baptism Date Confirmation Date and Place

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