St. John's Evangelical Lutheran Church - New Member Form

Please return completed form to Sonya Sowards

We would like to receive newsletter via \square email \square U.S. Mail

	,			
Household Name:	Primary Phone Number for Household:			
Household Address:				
e would like to receive texts from St. John's to this cell number:				
We would like to g	ive (choose one) □ electronically (please sen	nd us an authorization form) □ using en	nvelopes (please have sets of er	nvelopes sent to us
Household Membe	ers:			
Household Member Full Name (including maid	1: en name, preferred nickname, etc.)			Gender
Cell Phone	Email	Church Background		
Birth Date	Baptized? Y/N Date if known	Confirmed? Y/N Date if known	Wedding Date	
Occupation	Grade if child _	Joining St. John's?	Transferring from?	
Optional info: Birthplace	Education	Spiritual Gifts/Talents/Skills		
Household Member				Condon
	en name, preferred nickname, etc.)			
		Church Background		
Birth Date	Baptized? Y/N Date if known	Confirmed? Y/N Date if known	Wedding Date	
Occupation	Grade if child _	Joining St. John's?	Transferring from?	
Ontional info: Birthplace	Education	Spiritual Gifts/Talents/Skills		

Household Member 3: Cell Phone Email Church Background Birth Date Baptized? Y/N Date if known Confirmed? Y/N Date if known Wedding Date Occupation Grade if child Joining St. John's? Transferring from? Optional info: Birthplace Education Spiritual Gifts/Talents/Skills **Household Member 4:** Cell Phone Email Church Background Birth Date ______ Baptized? Y/N Date if known _____ Confirmed? Y/N Date if known _____ Wedding Date Occupation Grade if child Joining St. John's? Transferring from? Optional info: Birthplace Education Spiritual Gifts/Talents/Skills Household Member 5: Full Name (including maiden name, preferred nickname, etc.) Gender Cell Phone______Email__ Church Background Birth Date Baptized? Y/N Date if known Confirmed? Y/N Date if known Wedding Date Occupation_____ Grade if child _____ Joining St. John's?_____ Transferring from? Optional info: Birthplace Education Spiritual Gifts/Talents/Skills **Household Member 6:** Full Name (including maiden name, preferred nickname, etc.) Gender Cell Phone Email Church Background Birth Date Baptized? Y/N Date if known Confirmed? Y/N Date if known Wedding Date Occupation Grade if child Joining St. John's? Transferring from? Optional info: Birthplace Education Spiritual Gifts/Talents/Skills

(Attach additional pages if needed)