## MEMBERSHIP INFORMATION

(For Church records only.)

NAME: (First, Middle, Last)		
Address:		
Email Address:(Your email address will be used for	Cell Phone(s):	
Home phone:	Work Phone:	
Date of Birth:	Place of Birth:	
Occupation:		
	Confirmation Date:	
Wedding Anniversary (If applicab	ble):	
Circle the worship service you no	ormally attend: 8:30am, 10:00am, 5:00pm.	
If applicable, others in your ho	usehold that will be joining Gloria Dei	
Spouse's Name (First, Middle, l	Last):	
Email Address:	Cell Phone(s):	
Home/Cell phone:	Work Phone:	
Date of Birth:	Place of Birth:	
Occupation:		
	Confirmation Date:	

## If applicable, children that will be joining with you...

1. Child's Name (First, Midd	e, Last):	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of Confirmation:	Place of Confirmation:	
Grade in School:	Name of School:	
Interests:		
2. Child's Name (First, Midd	e, Last):	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
	Place of Confirmation:	
Grade in School:	Name of School:	
Interests:		
3. Child's Name (First, Midd	le, Last):	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of Confirmation:	Place of Confirmation:	
Grade in School:	Name of School:	
Interests:		
4. Child's Name (First, Midd	e, Last):	
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of Confirmation:	Place of Confirmation:	
Grade in School:	Name of School:	
Interests:		
5. Additional Names:		
	ation of Faith; Transfer from ELCA congregation; Other Lutheran Congregations confirmed	