

MEMBER INFORMATION

First Lutheran Church

Galesburg, IL 61401

Please fill out one form for each individual joining

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____ Place of Birth _____

Fill out the following with as much information as you are able and only if applicable

Date and place of Baptism: _____

Date of First Communion: _____

Date of Confirmation: _____

Date of Marriage: _____

Other notable dates or anniversaries? _____

If transferring, what is your current congregation?

Name _____ City, State _____

Prefer to receive newsletter and other information by mail or email

Would like offering envelopes or information on electronic giving

| Other members of your household: | Birthdate | Also joining Yes or no? |
|----------------------------------|-----------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other info you would like to share? Work, hobbies, interests, etc. (Use the back for more space).