

Trinity Lutheran Church Member Data

HOUSEHOLD INFORMATION

Please complete one form for each household

Household Mailing Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Household email Address _____

Household FAX _____

Current Church Membership _____

Why first attracted you to Trinity? _____

Why did you decide to join? _____

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PERSONAL INFORMATION

Please complete one form for each household member

Title (Mr., Mrs., Dr., etc) _____

First Name _____ Middle Name _____

Preferred Name (Nickname) _____

Last Name _____

Suffix (Jr, Sr, II, etc.) _____

Cell Phone _____ Personal Email _____

Gender _____

Family Relation (Head of Household, Spouse, Child) _____

Birth Date _____ Birthplace _____

Martial Status _____ Marriage Date _____ Maiden Name _____

Baptism Date _____ First Communion Date _____

Confirmation Date _____

Church Background / Current Membership _____

Joining Trinity by: Transfer Confirmation Baptism

School _____ School Grade _____

Employer _____

Occupation _____

Work Phone (ext) _____ Work FAX _____

Work Email _____

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PLEASE TELL US SOMETHING ABOUT YOURSELF

Please complete one form for each adult

This information will be published in the bulletin on the day you become a member and in the Messenger the following week.

Name _____

Where were you born? _____

Where did you grow up? _____

Tell us about your family _____

What are your hobbies/leisure time interests/favorite activities?
