

Trinity Ev. Lutheran Church Waukesha, Wisconsin

Application for Church Membership

Date _____

Type of Membership: _____ Adult Confirmation
_____ Transfer
_____ Affirmation of faith

Type of Membership: _____ Adult Confirmation
_____ Transfer
_____ Affirmation of Faith

Member Name (First, Middle, Last)

Member Name (First, Middle, Last)

Birth date _____

Birth date _____

Street Address

Street Address

City/Zip Code

City/ Zip Code

Home Phone _____ Cell Phone _____
/

Home Phone _____ Cell Phone _____
/

Emergency Contact Phone _____ Relationship _____

Emergency Contact Phone _____ Relationship _____

Past Church Affiliation & Church Name

Past Church Affiliation & Church Name

Church Transferring From & Pastor's Name

Church Transferring From & Pastor's Name

Children's Names
(state last name if different)
Include only if attending this church

E- Mail Address: _____

First	Middle	Last	Birth date	Baptism Church-city	Date	Pastor's Name
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I have completed the orientation session prior to membership. I promise to be faithful to Jesus in worship attendance and receiving the Lord's Supper. I promise to faithfully support the Christian ministry of Trinity Lutheran Church with my prayers, time, talents, testimony, and offerings.

Member Signature

Member Signature