

Trinity Ev. Lutheran Church Waukesha, Wisconsin

Application for Church Membership

DATE: _____

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

Man's Name (First, Middle, Last)

Women's Name (First, Middle, Last)

Street Address

Street Address

City/Zip Code

City/ Zip Code

Home Phone His Work Phone

Home Phone Her Work Phone

_____/_____

_____/_____

Church Affiliation & Church Name

Church Affiliation & Church Name

Church Transferring From & Pastor's Name

Church Transferring From & Pastor's Name

Children's Names
(state last name if different)

E- Mail Address: _____

First Middle Last Birth date Baptism Church-city Date Pastor's Name

First Middle Last Birth date Baptism Church-city Date Pastor's Name

First Middle Last Birth date Baptism Church-city Date Pastor's Name

First Middle Last Birth date Baptism Church-city Date Pastor's Name

I have completed the orientation session prior to membership.
It is my sincere intention to be faithful in worship attendance and the
Lord's Supper.

Man's Signature

Woman's Signature