

# Tree of Life Lutheran Church

## New Member Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Addresses: (His) \_\_\_\_\_ (Hers) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_

May we publish the above information in the directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Birthday: \_\_\_\_\_ Place: \_\_\_\_\_

Baptism: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse Birthday: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse Baptism: \_\_\_\_\_ Place: \_\_\_\_\_

Spouse Confirmation: \_\_\_\_\_ Place: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

Children?

Name	Birthday Date and Place	Baptism Date and Place	Grade in School
1.			
2.			
3.			
4.			

May we include you on the automated phone messaging system? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle your preference: Home Phone    Cell Phone    Text Message