

Today's date: _____ (office) Date of Membership: _____

Adult 1: _____
Last Name

First Middle Nickname

Male Female Date of Birth

Baptism date (if applicable) Confirmation date (if applicable)

Cell # Yes ___ No ___
May we send texts?

Email

Employer Position

Adult 2: _____
Last Name

First Middle Nickname

Male Female Date of Birth

Baptism date (if applicable) Confirmation date (if applicable)

Cell # Yes ___ No ___
May we send texts?

Email

Employer Position

Address

City Zip

Home #

Single Married Divorced Widowed

Marriage date (if applicable) Maiden name

Information for those children becoming members:

Child 1: _____
Last Name

First Middle Nickname

Male Female Date of birth

Baptism date (if applicable) Confirmation date (if applicable)

Cell # Yes ___ No ___
May we send texts?

Email

School Attending Grade

Child 2: _____
Last Name

First Middle Nickname

Male Female Date of birth

Baptism date (if applicable) Confirmation date (if applicable)

Cell # Yes ___ No ___
May we send texts?

Email

School Attending Grade

Child 3: _____
Last Name

First Middle Nickname

Male Female Date of birth

Baptism date (if applicable) Confirmation date (if applicable)

Cell # Yes ___ No ___
May we send texts?

Email

School Attending Grade

Membership Information: (please check one)

- ___ I/We will write to former church for letter of transfer
- ___ I/We request the church office write for a letter of transfer
- ___ I/We do not currently hold membership in any church

Previous Church

Address

City Zip

Church Email

Communication Preferences: (please check your choices)

I would like to receive:

Weekly Caller E-News ___

Calvary Quarterly Magazine by Mail ___ by Email ___

Photo Consent:

By signing, I give Calvary Lutheran Church permission to use any photographs or video taken of **adults** in my household for directory/promotional purposes within the church, on the website, in the community, and on social media.

Signature Date

By signing, I give Calvary Lutheran Church permission to use any photographs or video taken of **children** in my household for directory/promotional purposes within the church, on the website, in the community, and on social media.

Signature Date

** If you have privacy concerns about your personal information, please contact the church office.*

I/We seek to be to be a member of the Calvary Lutheran Church family and desire to grow in faith, discipleship and service through active membership in the church where together we confess Jesus as Lord and Savior.

Signature Date

Signature Date

NEW MEMBER INFORMATION FORM

CHURCH IN THE WILD



HOME



NEIGHBORHOOD



COMMUNITY



WORLD



“We seek to be a **LOVING** and
CARING Community
RESPONDING to God’s Love.”



CALVARY
LUTHERAN
Church

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