New Member Form

Welcome to First Lutheran! We're glad you're here.

This form helps us get to know you, keep our records up to date, and stay connected. Share only what you're comfortable sharing.

First Name: _____ Middle_____ Last _____

What would you like us to call you? _____

Pronouns (optional): _____ Date of Birth: _____

Address: _____

City: _____ ZIP: _____

Primary Phone: _____ (cell or landline)

Secondary Phone: _____ (cell or landline)

Email: _____

Listed in directory: ☐ All information or only: ☐ Address ☐ Email ☐ Phone

Staying Connected

We'll add you to our church newsletter and email list so you can hear about worship, events, and what's happening at First Lutheran.

☐ **Yes, please keep me connected to weekly emails** ☐ **Add me to email Prayer Chain**

YOUR HOUSEHOLD

Name	What do they like to be called? pronouns?	Date of Birth	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Adult Phone: _____ (cell or landline)

Additional Adult Email: _____

New Member Form

TELL US A LITTLE ABOUT YOU *Optional

What would help us connect with you?

Maybe it's something you care deeply about, a place you've called home, something that brings you joy, a gift you'd love to share, or a question you're carrying.

_____

_____

_____

Previous congregation(s): _____

Baptism Date: _____ **Confirmation Date:** _____

☐ Check here if you would like information about being baptized or confirmed

Marriage, including date: _____

Racial or Cultural Background: _____

Anything else about your faith journey?

_____

_____

_____