

Membership Form

Our Savior's Lutheran Church, Rochester, MN

General Information

Membership Date _____

Household Mailing Name _____

Household Mailing Address _____ City _____ Zip Code _____

Household phone Number _____

Member Full Name _____

Birthdate _____ Baptism Date _____ Confirmation Date _____

E-mail _____ Cell Phone _____

Member Full Name _____

Birthdate _____ Baptism Date _____ Confirmation Date _____

E-mail _____ Cell Phone _____

Family Information

Marriage Date _____

Names of Children becoming members

1. Full Name _____ Birthdate _____ School Grade _____
Baptism Date _____ Confirmation Date _____
Cell Phone _____ E-mail _____

2. Full Name _____ Birthdate _____ School Grade _____
Baptism Date _____ Confirmation Date _____
Cell Phone _____ E-mail _____

3. Full Name _____ Birthdate _____ School Grade _____
Baptism Date _____ Confirmation Date _____
Cell Phone _____ E-mail _____

4. Full Name _____ Birthdate _____ School Grade _____
Baptism Date _____ Confirmation Date _____
Cell Phone _____ E-mail _____

Emergency Contact Person/s

- 1. _____ Phone _____
- 2. _____ Phone _____
- 3. _____ Phone _____