

Member Information

Name:			Date:	
Address:	C	ity:	Zip code:	
Home phone:	C	ell phone 1:	Cell phone 2:	
Email 1:	I	Email 2:		
Married: □Yes or No□ If yes, date of 1		arriage:	City: 9	State:
Family Members (I	Please indicate which s	chool your children att	ends)	
<u>Name</u>	<u>DOB</u>	<u>Baptism</u>	Confirmation	Confirmation Verse

Most recent home chur	rch:	City:	_ State:			
Pastor's name:	ph	one:				
How might you like to serve at Lamb of God?						
Elder or Deacon	Altar Guild	Stephen Ministry				
Choir	Worship team	Musician				
Sunday school	Outreach	Facilities				
Prayer team	Greeter/Host	Lay Reader				
Tech/Production	Usher	Nursery				
Other, please list:						
Are you requesting a transfer of membership within LCMS? □Yes or No□						
As a family we enjoy activities such as?						
Our last family vacation was when/where?						

If you knew you would NOT fail, what would you do for God?