

Church Membership Individual Information
Calvary Lutheran Church
2415 S 320 St. Federal Way, WA 98003-5462
Telephone: 253-839-0344, Fax: 253-839-0345
Email: office@calvary-elca.org, Website: www.calvary-elca.org

Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____

Email _____

Birth Date (mth) _____ (day) _____ (yr) _____ Birthplace _____

Baptism Date (mth) _____ (day) _____ (yr) _____ Spouse Name _____

Confirmation Date (mth) _____ (day) _____ (yr) _____ Date of Marriage _____

Previous church name, affiliation & location _____

Method of becoming a member of Calvary:

Confirmation Instruction _____

Baptism _____

Affirmation of Faith _____

From Transfer _____

Baptized Children (if becoming members, also) residing with you:

<u>Name (first & middle)</u>	<u>Birthplace & Date</u>	<u>Baptism Date</u>
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Occupation _____

Personal hobbies/interests _____

Positions held in former church _____

Areas of congregational life which interest you _____

Points of interest or concern you would like to share _____

Please return this form to the church office