

**BECOMING A MEMBER AT ZION'S LUTHERAN CHURCH,
Perry Township, Shoemakersville, PA**

FULL NAME _____ Preferred /nickname _____

ADDRESS _____

MAILING ADDRESS (if other than residence) _____

EMAIL ADDRESS _____

PHONE(S)... * please indicate preferred contact info -- OK to share with other member(s)? Y / N

HOUSE _____ CELL _____ OTHER _____

BAPTIZED Y / N WHERE _____ DATE _____

CONFIRMED Y / N WHERE _____ DATE _____

| MEMBERS OF HOUSEHOLD | Member of Zion's | Other Congregation |
|----------------------|------------------|--------------------|
| SPOUSE _____ | Y / N _____ | _____ |
| CHILD _____ | Y / N _____ | _____ |
| CHILD _____ | Y / N _____ | _____ |
| CHILD _____ | Y / N _____ | _____ |
| CHILD _____ | Y / N _____ | _____ |
| PARENT(S) _____ | Y / N _____ | _____ |
| OTHER _____ | Y / N _____ | _____ |

EMPLOYMENT _____

Type of work/position _____

How did you come to seek membership at Zion's Evangelical Lutheran Church?

How do envision your participation in the congregation?

What are you seeking to gain from membership at Zion's?

How do you plan to support the ministry and mission of the congregation?

Today's Date _____

DATE TO JOIN _____

