
CHRIST EVANGELICAL LUTHERAN CHURCH

500 Park Street, West Salem, WI 54669

Ph: 608.786.1250 | Fax: 608.786.1105 | www.christstjohns.org

APPLICATION FOR MEMBERSHIP

Full Name _____
First Middle Last

Street Address _____ **Phone** _____

City _____ **State** _____ **ZIP** _____

Birth Date _____ **Place of Birth** _____

Father's Name _____
First Middle Last

Mother's Name _____
First Middle Last (Maiden)

Baptism _____
Church Date

_____ *City / State By Whom*

Confirmation _____
Church Date

_____ *City / State By Whom*

Marital Status
Single Married Marriage Date Married to Whom

_____ *Place of Marriage Maiden Name Married by Whom*

Child(ren) _____
First Middle Last Birth Date

_____ *First Middle Last Birth Date*

_____ *First Middle Last Birth Date*

_____ *First Middle Last Birth Date*

Address _____
Street City State Zip

Child(ren) - Continued

Baptized

() ()

Yes	No	Child's Name	Baptism Date	Church	City, State	Pastor
()	()					
Yes	No	Child's Name	Baptism Date	Church	City, State	Pastor
()	()					
Yes	No	Child's Name	Baptism Date	Church	City, State	Pastor
()	()					
Yes	No	Child's Name	Baptism Date	Church	City, State	Pastor

Membership

_____ *Former Church* _____ *Date of Release*

() () Do you belong to a secret order? _____
Yes No *Name of Order*

_____ *Signature* _____ *Date of Application*

Newsletter The Visitor, our monthly newsletter, is available several ways. Please select the option you would prefer. Please include your email address if applicable.

- USPS (Regular Mail)
- Email - Link to website _____
- Email - Attachments _____

Biography (Please include a short paragraph about you, your family, your hobbies or interests. This will be posted in the newsletter so that our members may get to know you better.)

Special Gifts/Abilities you are willing to offer in God's church (Time & Talents sheet available for detailed information)