
CHRIST EVANGELICAL LUTHERAN CHURCH

500 Park Street, West Salem, WI 54669

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APPLICATION FOR MEMBERSHIP

Full Name

First

Middle

Last

Street Address

Phone

City

State

ZIP

Birth Date

Place of Birth

Email

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		()	()			
<i>Yes</i>	<i>No</i>	<i>Child's Name</i>	<i>Baptism Date</i>	<i>Church</i>	<i>City, State</i>	<i>Pastor</i>
()	()					
<i>Yes</i>	<i>No</i>	<i>Child's Name</i>	<i>Baptism Date</i>	<i>Church</i>	<i>City, State</i>	<i>Pastor</i>
()	()					
<i>Yes</i>	<i>No</i>	<i>Child's Name</i>	<i>Baptism Date</i>	<i>Church</i>	<i>City, State</i>	<i>Pastor</i>
()	()					
<i>Yes</i>	<i>No</i>	<i>Child's Name</i>	<i>Baptism Date</i>	<i>Church</i>	<i>City, State</i>	<i>Pastor</i>

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.

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

