

Grace Lutheran Church
202 West Grand Avenue
Eau Claire, WI 54703

Application for Membership

We, the undersigned, believing in the Lord Jesus Christ as our Savior, and desiring to have a place in our community where we may worship Him and be a part of this Christian fellowship, hereby make application for membership in Grace Lutheran Congregation of the Evangelical Lutheran Church in America.

FAMILY NAME _____

ADDRESS _____

HOME TELEPHONE _____

WORK TELEPHONE _____

CELL PHONE _____ E-MAIL _____

DATE _____

(if you are transferring from another congregation, please give its name and address)

I will request my own transfer _____ I want the Pastor to request my transfer _____

ADULT DESIRING MEMBERSHIP

SPOUSE

_____	1 st and Middle Name	_____
_____	Date of Birth	_____
_____	Place of Birth	_____
_____	Date of Baptism	_____
_____	Date of Confirmation	_____
_____	Date of Marriage	_____
_____	Occupation	_____
_____	Employer	_____

Signed _____

(see reverse side for children's data)

CHILDREN'S DATA

NAME _____ Present Grade _____

Birth Date _____ Place _____

Baptism Date _____ Church & State _____

Confirmation Date & Place _____

CHILDREN'S DATA

NAME _____ Present Grade _____

Birth Date _____ Place _____

Baptism Date _____ Church & State _____

Confirmation Date & Place _____

CHILDREN'S DATA

NAME _____ Present Grade _____

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