Rev2023

FORM 1: PROSPECTIVE MEMBER INFORMATION

Date _____

NAME: _____
(first) (middle) (last)

SPOUSE'S NAME: _____
(if joining) (first) (middle) (last)

Maiden Name _____

INFORMATION ABOUT ALL CHILDREN/DEPENDENTS WHO WILL BE JOINING:

Full Name	Age	Grade in School

ADDRESS INFORMATION:

Street Address _____ P.O. Box _____

City_____ State _____ Zip_____

TELEPHONE NUMBERS:

Home _____

Name_____ Work_____ Cell _____

Name_____ Work_____ Cell _____

EMAIL:

Name_____ Email_____

Name_____ Email_____

Would you like to be put on the **congregational email list** to get news, emergency info., etc. _____

How would you prefer to receive **monthly newsletters**?

____ via email

____ through U.S. postal service

PLEASE COMPLETE THE BACK OF THIS FORM.

TRANSFER INFORMATION: If you are transferring from another church, indicate the name of the church where you are presently a member ____

Address of church ____

NOTE: Please be sure to request that the church in which you currently are a member sends transfer documents to Immanuel so that you are officially on our rolls. Ask your church to send the documents to the following address: Immanuel Lutheran Church, 607 West Main Street, Elk Point, SD 57025. Alternately, documents can be emailed to ilcep@iw.net.

Complete all details below that apply for each person who desires to join the church.

Name ______________________
BIRTH: Date ______________________
Place ______________________
BAPTISM: Date ______________________
Place ______________________
CONFIRMATION: Date ______________________
Place ______________________
MARRIAGE: Date ______________________
Place ______________________

Name ______________________
BIRTH: Date ______________________
Place ______________________
BAPTISM: Date ______________________
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