PROSPECTIVE MEMBER INFORMATION

	Date			
NAME:				
	(first)	(middle)	(last)	
	Ε:			
if joining)	(first)	(middle)	(last)	
Maiden Na	me			
NFORMATION AI	BOUT ALL CHILDR	EN/DEPENDENTS WHO WILL BE JO	DINING:	
Full Name		Age	Grade in School	
DDRESS INFOR	MATION:			
Street Address			P.O. Box	
ity		State	Zip	
ELEPHONE NUN				
		rk Call		
		rk Cell rk Cell		
ivallie		TIN CEII		
EMAIL:				
Name	E	mail		
		mail		
Would you		e congregational email list to get ne		
How would	you prefer to receive	e monthly newsletters?		
	_ via email			
	_ in your church ma	ilbox		
	through U.S. post	al service		

PLEASE COMPLETE THE BACK OF THIS FORM.

	sferring from another church, indicate the name of the church	
Address of church		
documents to Immanuel so that you	at the church in which you currently are a member sends transfer are officially on our rolls. Ask your church to send the documents of Lutheran Church, 607 West Main Street, Elk Point, SD 57025. led to ilcep@iw.net.	
Complete all details below that apply for	each person who desires to join the church.	
Name	Name	
BIRTH: Date	BIRTH: Date	
Place	Place	
BAPTISM: Date	BAPTISM: Date	
Place	Place	
CONFIRMATION: Date	CONFIRMATION: Date	
Place	Place	
MARRIAGE: Date	MARRIAGE: Date	
Place	Place	
Name	Name	
BIRTH: Date	BIRTH: Date	
Place	Place	
BAPTISM: Date	BAPTISM: Date	
Place	Place	
CONFIRMATION: Date	CONFIRMATION: Date	
Place	Place	
MARRIAGE: Date	MARRIAGE: Date	
Place	Place	
Name	Name	
BIRTH: Date	BIRTH: Date	
Place	Place	
BAPTISM: Date	BAPTISM: Date	
Place	Place	
CONFIRMATION: Date	CONFIRMATION: Date	
Place	Place	
MARRIAGE: Date	MARRIAGE: Date	
Name	Name	
	Name BIRTH: Date	
BIRTH: Date	BIRTH: Date	
Place	Place	
BAPTISM: Date	BAPTISM: Date	
PlaceCONFIRMATION: Date	Place	
	CONFIRMATION: Date	
Place	Place	
MARRIAGE: Date	MARRIAGE: Date	
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