



American Lutheran Church

ELCA

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NEW MEMBER APPLICATION

Name: _____

Address: _____

Mailing Address: (if different) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Can we text you? Y N

E-mail address: _____

Birthdate: _____ Birth Location: _____

Baptism Date: _____ Baptism Location: _____

Spouse: _____ Marriage Date: _____

Children/Ages: _____

Work place and/or profession _____

Former Congregation: _____

Address: _____

What are your special interests/gifts? _____
