

Membership Request Form

Complete this membership request form to become a member of Faith Lutheran Church.

Please include the following information (if available) for each family member:

- Birth date and place
- Baptism date and congregation/church
- Confirmation date and congregation/church
- Marriage date and congregation/church

Print each family member's name and information requesting membership:

Each confirmed family member needs to sign the form:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Mailing address: _____

Phone number(s): _____

E-mail address: _____

*** *Return completed form to Pastor Nate * ***