

Today's Date: _____

MEMBERSHIP PROFILE

(Please fill out and return as soon as possible.)

NAME: _____
(Last) (First) (Middle) (Maiden)

Place of Employment: _____ Job Title/Position: _____

Work Phone: _____ email: _____ Cell: _____

Date of Birth: _____ Marital Status: _____ If married, date of marriage: _____

Have you been baptized? _____ If yes, Date of Baptism: _____

Baptism is required for membership. If you have not been baptized please speak to a pastor.

Have you been through a Confirmation/Affirmation* Process? _____ If yes, Date Confirmed:: _____

**Affirmation also includes those who have gone through a Lutheran membership class as an adult.*

If you are currently a member at another congregation, please note:

Name of Congregation: _____ City/State: _____

If transferring from a non-Lutheran congregation, we do encourage you to take the Lutheran Beliefs Class for membership.

*SPOUSE: _____
(Last) (First) (Middle) (Maiden)

**Please list info on spouse whether joining or not – please note spouse joining or not here: Spouse Joining: Yes ____ No ____*

Place of Employment: _____ Job Title/Position: _____

Work Phone: _____ email: _____ Other: _____

If currently a member at another congregation, please note:

Name of Congregation: _____ City/State: _____

If transferring from a non-Lutheran congregation, we do encourage you to take the Lutheran Beliefs Class for membership.

Date of Birth: _____ Have you been baptized? _____ If yes, Date of Baptism: _____

Baptism is required for membership. If you have not been baptized please speak to a pastor.

Have you been through a Confirmation/Affirmation* Process? _____ If yes, Date Confirmed:: _____

**Affirmation also includes those who have gone through a Lutheran membership class as an adult.*

Family Information:

ADDRESS: _____

CITY/ST/ZIP: _____

Home Phone: _____ Home email: _____ Other: _____

Preferred Worship Service (circle one): Saturday at: 5:30pm Sunday at: 8:00am 9:30am 11:00am

HTLC sends out a monthly newsletter which we prefer to email, if this is okay, please provide at least one email in this profile. If you prefer to receive a printed copy, please check one of the options below:

_____ Regular Mail _____ None – I can pick up a printed copy at the Welcome Center.

CHILDREN TO INCLUDE IN MEMBERSHIP: (please list on other side)

CHILDREN TO INCLUDE IN MEMBERSHIP:

Name <i>(First, Middle & Last)</i>	Grade	Birth Date	Baptism Date/Location	Pre-Communion Instruction	Confirmation Date/Location

What or who brought you to Holy Trinity?

Do you have any relatives at HTLC? (name & relationship)

GETTING TO KNOW YOU

Where were you raised?

What are your interests?

What were your favorite events or programs from the church you came from?

How would you like to be involved at Holy Trinity?

GETTING TO KNOW YOU

SPOUSE (if applicable)

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How would you like to be involved at Holy Trinity?