Christ the Servant Lutheran Church

Membership Form Family Information

Please complete the family information section below and an individual section for each person in your family.

Family Information

Family Name _____ *i.e. John and Jane Smith*

Mailing Address _____

_____

City _____ State _____

Zip _____

Publish address in directories: Yes No

Phone Numbers

Home phone: _____ Publish in Directory: Yes No

Cell phone: _____ Publish in Directory: Yes No

Alternate Address _____

_____

City _____ State _____

Zip _____ Phone number _____

Use this address between _____/_____/ and _____/_____/ each year

If you spend part of the year at another location, please let us know the address, phone number, and the dates to use this address.

Family email _____

Publish email address in directories: Yes No

Send weekly announcements to this address: Yes No

Send contribution statements to this address: Yes No

If your family shares an email address please enter it here. Individual email addresses will be entered below.

Joining by

_____ transfer from ELCA church

_____ transfer from other Lutheran Synod

_____ Transfer from non-Lutheran church

_____ Reaffirmation

Formerly a Member of _____

_____

Transfer

_____ We will send for a transfer

_____ We request CTS to send for a transfer

Christ the Servant Lutheran Church

Use one area for each person in your family

Individual Information—1

Name: _____

Title *First Name* *Middle Name* *Last Name* *Suffix*

Preferred Name: _____ Gender: Male Female

Email: _____

Publish email address in directories: Yes No
Send weekly announcements to this address: Yes No
Send contribution statements to this address: Yes No

Phone Numbers:

Cell _____ Unlisted: Yes No

Pager _____ Unlisted: Yes No

Work _____ Unlisted: Yes No

Occupation: _____

Parents: _____

Marital Status: Single Married Divorced Widow/Widower

Dates: Birthdate ____/____/____ First Communion ____/____/____ Married ____/____/____

Baptism ____/____/____ Confirmation ____/____/____ Divorced ____/____/____

Individual Information—2

Name: _____

Title *First Name* *Middle Name* *Last Name* *Suffix*

Preferred Name: _____ Gender: Male Female

Email: _____

Publish email address in directories: Yes No
Send weekly announcements to this address: Yes No
Send contribution statements to this address: Yes No

Phone Numbers:

Cell _____ Unlisted: Yes No

Pager _____ Unlisted: Yes No

Work _____ Unlisted: Yes No

Occupation: _____

Parents: _____

Marital Status: Single Married Divorced Widow/Widower

Dates: Birthdate ____/____/____ First Communion ____/____/____ Married ____/____/____

Baptism ____/____/____ Confirmation ____/____/____ Divorced ____/____/____

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Use one area for each person in your family

Individual Information—3

Name: _____

Title *First Name* *Middle Name* *Last Name* *Suffix*

Preferred Name: _____ Gender: Male Female

Email: _____

Publish email address in directories: Yes No
Send weekly announcements to this address: Yes No
Send contribution statements to this address: Yes No

Phone Numbers:

Cell _____ Unlisted: Yes No

Pager _____ Unlisted: Yes No

Work _____ Unlisted: Yes No

Occupation: _____

Parents: _____

Marital Status: Single Married Divorced Widow/Widower

Dates: Birthdate ____/____/____ First Communion ____/____/____ Married ____/____/____

Baptism ____/____/____ Confirmation ____/____/____ Divorced ____/____/____

Individual Information—4

Name: _____

Title *First Name* *Middle Name* *Last Name* *Suffix*

Preferred Name: _____ Gender: Male Female

Email: _____

Publish email address in directories: Yes No
Send weekly announcements to this address: Yes No
Send contribution statements to this address: Yes No

Phone Numbers:

Cell _____ Unlisted: Yes No

Pager _____ Unlisted: Yes No

Work _____ Unlisted: Yes No

Occupation: _____

Parents: _____

Marital Status: Single Married Divorced Widow/Widower

Dates: Birthdate ____/____/____ First Communion ____/____/____ Married ____/____/____

Baptism ____/____/____ Confirmation ____/____/____ Divorced ____/____/____

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Use one area for each person in your family

Individual Information—5

Name: _____

Title *First Name* *Middle Name* *Last Name* *Suffix*

Preferred Name: _____ Gender: Male Female

Email: _____

Publish email address in directories: Yes No
Send weekly announcements to this address: Yes No
Send contribution statements to this address: Yes No

Phone Numbers:

Cell _____ Unlisted: Yes No

Pager _____ Unlisted: Yes No

Work _____ Unlisted: Yes No

Occupation: _____

Parents: _____

Marital Status: Single Married Divorced Widow/Widower

Dates: Birthdate ____/____/____ First Communion ____/____/____ Married ____/____/____

Baptism ____/____/____ Confirmation ____/____/____ Divorced ____/____/____

Individual Information—6

Name: _____

Title *First Name* *Middle Name* *Last Name* *Suffix*

Preferred Name: _____ Gender: Male Female

Email: _____

Publish email address in directories: Yes No
Send weekly announcements to this address: Yes No
Send contribution statements to this address: Yes No

Phone Numbers:

Cell _____ Unlisted: Yes No

Pager _____ Unlisted: Yes No

Work _____ Unlisted: Yes No

Occupation: _____

Parents: _____

Marital Status: Single Married Divorced Widow/Widower

Dates: Birthdate ____/____/____ First Communion ____/____/____ Married ____/____/____

Baptism ____/____/____ Confirmation ____/____/____ Divorced ____/____/____