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## Membership Application Form for Faith Church

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*This is an official request to be included as a member of Faith Church.  
Membership becomes official at the next congregational meeting.*

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Name and address of church you previously attended (if any)

\_\_\_\_\_

Has this church been notified of your intent to join Faith Church? Y \_\_\_\_ N \_\_\_\_

On behalf of the congregation, we ask that you would answer the following questions:

*Do you accept and abide by the teaching of the Lutheran Church as recorded in its historic confessions? Y \_\_\_\_\_ N \_\_\_\_\_*

*Do you promise to live a life appropriate for a Christian and to be faithful in attendance at congregational worship? Y \_\_\_\_\_ N \_\_\_\_\_*

*Do you promise that you will employ your spiritual gifts for the common good of the Church and that you will contribute, according to ability, to the expenses of the congregation? Y \_\_\_\_\_ N \_\_\_\_\_*

*Do you promise to abide by the constitution and by-laws of Faith Church?  
Y \_\_\_\_\_ N \_\_\_\_\_*

I, the undersigned party, wish to become a member of Faith Free Lutheran Church. I have received a copy of the Constitution and By-laws and am aware of its policies regarding church membership and discipline. I understand that this church is governed by these documents, and I hereby covenant and agree to be bound by the policies and procedures found in them.

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

(Spouse's name if also joining)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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## Additional Information

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*The following information is helpful for us to know how best to contact you and keep you connected to our community. If you have already provided this information, or if you don't wish to share some information leave the space blank.*

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you willing to receive information via text? Yes \_\_\_ No \_\_\_

*Please initial the information that applies to you below.*

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birthdate(s) \_\_\_\_\_

Marital Status \_\_\_\_\_ Anniversary Date \_\_\_\_\_

Occupations/Employer \_\_\_\_\_

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Minor Children Living at Home

\_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No Birthdate \_\_\_\_\_

\_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No Birthdate \_\_\_\_\_

\_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No Birthdate \_\_\_\_\_

\_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No Birthdate \_\_\_\_\_

\_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No Birthdate \_\_\_\_\_

\_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No Birthdate \_\_\_\_\_

Are there any special needs/health issues we should be aware of?