

REQUEST FOR MEMBERSHIP
OUR SAVIOR LUTHERAN CHURCH
AIEA, HAWAII

Last Name:		Date:	
Address:			
Home Phone Number:		Email Address:	
Include address and phone number in church directory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will this be your permanent address in Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want offering envelopes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your First Name:			
Birth Date:	Baptism Date:	Confirmation Date:	
Employer:			
Previous Church Membership:		Location:	
Request a Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are single, please proceed to the Time and Talent sheet. If you are married, please continue with the following section. Indicate if your spouse and/or children will also be joining Our Savior. You do not have to list adult children who will not be living with you.			
Spouse's First Name:			
Birth Date:	Baptism Date:	Confirmation Date:	
Employer:			
Anniversary Date:			
Request a Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, former church:		
Children:			
1	Name:	Birth Date:	Baptism Date:
Confirmation Date:		Grade in School:	
2	Name:	Birth Date:	Baptism Date:
Confirmation Date:		Grade in School:	
3	Name:	Birth Date:	Baptism Date:
Confirmation Date:		Grade in School:	
4	Name:	Birth Date:	Baptism Date:
Confirmation Date:		Grade in School:	
Additional Information You Would Like to Share:			
All information on this form is confidential and will only be used for ministry purposes for this congregation. Thank you for your kokua!			