



Zion Lutheran Church

1254 S. Union Street, Shawano, WI

715-526-2017

Application for Membership

I(We) hereby make an application for membership in the ZION Lutheran Church, Shawano, Wis.

Name(s) _____

Children joining you in membership:

I intend to continue in the covenant God made with me in holy baptism:

**To live among God's faithful people,
To hear His Word and share in His supper,
To proclaim the Good News of God in Christ through Word and Deed,
To serve all people, following the example of our Lord Jesus,
And to strive for justice and peace in all the earth!**

Signature _____ Date _____

Signature _____ Date _____

ARE YOU UNITING BY ____ Confession of faith? ____ Reaffirmation of faith?
 ____ Letter of Transfer?

If you are joining by transfer from another church, please provide the name and address of your previous Congregation. Attach a letter of transfer.

____ ELCA Church ____ Other Lutheran ____ Non-Lutheran

Church Name: _____

Address: _____

Pastor's Name: _____

To help us complete your membership file, please complete the reverse side.

-- Please return this application to the church office--

Street Address _____ Mailing Address (if different from street) _____

City _____ State _____ Zip _____

Phone (_____) _____ Print in directory? () Yes () No E-mail address _____

Name & Cell # (_____) _____ **Print ?** () Yes () No **Name & Cell #** (_____) _____ **Print?** () Yes () No

| Please Print. Thank you! | Head of House (M or F) | Spouse (M or F) | Child\Other (M or F) | Child\Other (M or F) | Child\Other (M or F) |
|---------------------------------|------------------------|-----------------|----------------------|----------------------|----------------------|
| First Name | | | | | |
| Middle Name | | | | | |
| Last Name Spouse Maiden Name | | | | | |
| Date of Birth (XX/XX/XX) | | | | | |
| Place of Birth (city, state) | | | | | |
| Baptized? (XX/XX/XX) | | | | | |
| Where Baptized? | | | | | |
| Confirmation (XX/XX/XX) | | | | | |
| Where Confirmed? | | | | | |
| Marital Status | | | | | |
| Date Married | | | | | |
| Place of Marriage | | | | | |
| Handicap (If any) | | | | | |
| Employer and Address | | | | | |
| Occupation | | | | | |
| Work Phone Number | | | | | |
| School | | | | | |
| Present Grade in School | | | | | |