



Please complete all information. Please print clearly.

Applicant(s) Information

Current Date: _____

Name: Mr / Ms / Mrs / Dr / Rev _____

Date of Birth mm/dd/yy: _____ Email: _____

Phone: (_____) _____ Self Spouse _____

Name: Mr / Ms / Mrs / Dr / Rev _____

Date of Birth mm/dd/yy: _____ Email: _____

Phone: (_____) _____ Self Spouse _____

Name: _____ Date of Birth mm/dd/yy: _____

Child Grandchild _____

Name: _____ Date of Birth mm/dd/yy: _____

Child Grandchild _____

Name: _____ Date of Birth mm/dd/yy: _____

Child Grandchild _____

Name: _____ Date of Birth mm/dd/yy: _____

Child Grandchild _____

Family Information

Current Address: _____

City: _____ State: _____ Zip Code: _____

Wedding Anniversary (if applicable) mm/dd/yy: _____

Previous congregation/church (if any): _____

City: _____ State: _____ Zip Code: _____

Please transfer our membership to Atonement Lutheran Church.

Please Complete Back , Too ->>>

Some Facts About Us:

Our hobbies and interests are: _____

Our occupation is/are: _____

Our Life Stage: Married Single Widowed Single Again
 Little ones School Age Tweens Young Adults Adult Senior

Other Info:

Would you like more information about our Sunday School & Youth group? YES NO

Are you involved in church ministry? YES NO

If so, how? _____

If not, what are your areas of interest? _____

(Assisting Minister, Communion Assistant, Monthly Lunches, Reader, Usher Team, Adult Gatherings, Greeter, Coffee/Lemonade Host, Altar Care, Finance Team/Counter, Sunday School Teacher or Helper, Youth Group, Adult Study or Prayer, Something Else?)

How did you learn about Atonement Lutheran Church? Friend or Neighbor Current Member
 Word-of-mouth Facebook or Website Other: _____

Is there anything you would like to share about joining Atonement Lutheran Church?

Is there anything else you would like us to know about you and/or your family?

Welcome To Our Church Family!