



Atonement Lutheran Church
1900 Westfall Road
Rochester NY 14618

NEW MEMBER Info

Please complete and return to church office. Please print clearly.

Current Date _____

Member Information

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

Date of Birth: _____ Current Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____ Email: _____

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

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

Date of Birth: _____ Email: _____

Children (Under 18):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Previous Congregation/Church Information

Previous congregation/church (if any): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Check: I/We would like to transfer my/our membership to Atonement Lutheran Church.

Please Complete Back , Too ->>>

Some Facts About Me/Us

My/Our hobbies and interests are: _____

My/Our occupation is/are: _____

My/Our Life Stage: Married Single Widowed Single Again

Other Info

How did you learn about Atonement Lutheran Church? *(please check all that apply)*

- 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!