

REQUEST FOR MEMBERSHIP
OUR SAVIOUR'S EVANGELICAL LUTHERAN CHURCH
Hastings, Minnesota

ADULT#1

Single ___ Married ___ Widowed ___ Divorced ___

LAST NAME _____ FIRST (Given)NAME _____
Middle Name/Initial _____ Nickname/Preferred name _____

BIRTHDATE _____ (Month/Day/Year) Birth City, State _____

HOME ADDRESS _____
(Street, City, State, Zip)

HOME PHONE _____ CELL _____

E-MAIL _____

Baptized? Yes ___ No ___ Date _____ (Month/Day/Year)
Congregation Name, City, State _____

Confirmed? Yes ___ No ___ Date _____ (Month/Day/Year)
Congregation Name, City, State _____

Marriage? Date _____ (Month/Day/Year) Maiden name _____
Congregation Name, City, State _____

OCCUPATION (or Previous Occupation) _____
Place of Employment _____
Work phone number _____

PLEASE ANSWER FOLLOWING:

- 1) When did you start attending Our Saviour's? _____ Which service attending? _____
- 2) If you are currently involved in any ministries at Our Saviour's, please list _____

- 3) List ministries that you would like to become involved in _____

FORMER CONGREGATION _____
Address _____
City, State, Zip _____
Denomination: _____ Synod: _____

Letter of Transfer: I will contact my former church. ___ Please have OSEL request a transfer for me. _____
(Complete a Letter of Transfer.)

EMERGENCY CONTACT: (Please list a family member, their relationship to you, and contact information.)
Name _____ Phone _____
Relationship _____

ADULT#2

Single ___ Married ___ Widowed ___ Divorced ___

LAST NAME _____ FIRST (Given)NAME _____
Middle Name/Initial _____ Nickname/Preferred name _____

BIRTHDATE _____ (Month/Day/Year) Birth City, State _____

HOME ADDRESS* _____
(Street, City, State, Zip)

HOME PHONE* _____ CELL _____

E-MAIL* _____

Baptized? Yes ___ No ___ Date _____ (Month/Day/Year)
Congregation Name, City, State _____

Confirmed? Yes ___ No ___ Date _____ (Month/Day/Year)
Congregation Name, City, State _____

Marriage? * Date _____ (Month/Day/Year) Maiden name _____
Congregation Name, City, State _____

OCCUPATION (or Previous Occupation) _____

Place of Employment _____

Work phone number _____

PLEASE ANSWER FOLLOWING:

1) When did you start attending Our Saviour's? _____ Which service attending? _____

2) If you are currently involved in any ministries at Our Saviour's, please list _____

3) List ministries that you would like to become involved in _____

FORMER CONGREGATION* _____

Address _____

City, State, Zip _____

Denomination: _____ Synod: _____

Letter of Transfer: I will contact my former church. ___ Please have OSEL request a transfer for me. _____

(Complete a Letter of Transfer.)

*** If different from Adult #1**

Please return completed application to
Our Saviour's Lutheran Church
400 W. 9th St.
Hastings, MN 55033

or scan and email to ann.traeder@osel.org

Office Use:

Date attended orientation _____

Date Joined _____

Requested Transfer _____

Media Release _____

REQUEST FOR MEMBERSHIP
OUR SAVIOUR'S EVANGELICAL LUTHERAN CHURCH
Hastings, Minnesota

CHILDREN LIVING AT HOME

#1 JOINING at this time? Yes ___NO___

LAST NAME _____

FIRST NAME _____ MIDDLE _____ Nickname _____

Male ___ Female ___ School Grade ___ BIRTH DATE _____ City/State _____

BAPTIZED? Yes ___ No ___ Date _____ (Month/Day/Year)

Congregation Name, City, State _____

CONFIRMED? Yes ___ No ___ Date _____ (Month/Day/Year)

Congregation Name, City, State _____

#2 JOINING at this time? Yes ___NO___

LAST NAME _____

FIRST NAME _____ MIDDLE _____ Nickname _____

Male ___ Female ___ School Grade ___ BIRTH DATE _____ City/State _____

BAPTIZED? Yes ___ No ___ Date _____ (Month/Day/Year)

Congregation Name, City, State _____

CONFIRMED? Yes ___ No ___ Date _____ (Month/Day/Year)

Congregation Name, City, State _____

#3 JOINING at this time? Yes ___NO___

LAST NAME _____

FIRST NAME _____ MIDDLE _____ Nickname _____

Male ___ Female ___ School Grade ___ BIRTH DATE _____ City/State _____

BAPTIZED? Yes ___ No ___ Date _____ (Month/Day/Year)

Congregation Name, City, State _____

CONFIRMED? Yes ___ No ___ Date _____ (Month/Day/Year)

Congregation Name, City, State _____

Please return completed application to Our Saviour's Lutheran Church, 400 W. 9th St. Hastings, MN 55033
or scan and email to ann.traeder@osel.org

CHILDREN LIVING AT HOME

#4 JOINING at this time? Yes ___NO___

LAST NAME_____

FIRST NAME_____ MIDDLE_____ Nickname_____

Male___ Female___ School Grade___ BIRTH DATE _____ City/State_____

BAPTIZED? Yes ___ No ___ Date_____ (Month/Day/Year)

Congregation Name, City, State_____

CONFIRMED? Yes ___ No ___ Date_____ (Month/Day/Year)

Congregation Name, City, State_____

#5 JOINING at this time? Yes ___NO___

LAST NAME_____

FIRST NAME_____ MIDDLE_____ Nickname_____

Male___ Female___ School Grade___ BIRTH DATE _____ City/State_____

BAPTIZED? Yes ___ No ___ Date_____ (Month/Day/Year)

Congregation Name, City, State_____

CONFIRMED? Yes ___ No ___ Date_____ (Month/Day/Year)

Congregation Name, City, State_____

#6 JOINING at this time? Yes ___NO___

LAST NAME_____

FIRST NAME_____ MIDDLE_____ Nickname_____

Male___ Female___ School Grade___ BIRTH DATE _____ City/State_____

BAPTIZED? Yes ___ No ___ Date_____ (Month/Day/Year)

Congregation Name, City, State_____

CONFIRMED? Yes ___ No ___ Date_____ (Month/Day/Year)

Congregation Name, City, State_____