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

ADULT#1	Single	_ Married	_Widowed_	Divorced	
LAST NAME	FIRST (Given)	NAME			
	ickname/Preferred name				
BIRTHDATE(Month/Day/Year)	Birth City, Sta	ıte			
HOME ADDRESS					
(Stre	et, City, State, Z	Zip)			
HOME PHONE	CELL				
E-MAIL					
Baptized? Yes No Date Congregation Name, City, State					
Confirmed? Yes No Date Congregation Name, City, State	(Month/Day/Year)				
Marriage? Date(Month/	Day/Year) Mai	iden 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? 2) If you are currently involved in any ministries at C					
3) List ministries that you would like to become invo	lved in				
FORMER CONGREGATIONAddress					
City, State, Zip					
Denomination:Synod: Letter of Transfer: I will contact my former church P					
Letter of Transier, I will contact my former church P	icase mave OSF	_	transfer for in		
EMERGENCY CONTACT: (Please list a family member,	their relationsh	nip to you, a	nd contact in	formation.)	

Relationship_____

LAST NAME	FIRST (Given)NAME
	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)
	· ·
	(Month/Day/Year)
Marriage? * Date	(Month/Day/Vear) Maiden name
	(Month/Day/Year) Maiden name
Dlag of Employment	ion)
Work phone number	
Work phone number	
PLEASE ANSWER FOLLOWING:	
1) When did you start attending C	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 li	ike to become involved in
3) List illinistries that you would in	Re to become involved in
FORMER CONGREGATION*	
Address	
City, State, Zip	Synod:
Denomination:	Synod:
Letter of Transfer: I will contact my fo	rmer church Please have OSEL request a transfer for me
	(Complete a Letter of Transfer
* If different from Adult #	1
	Office Use:
Please return completed application to	Date attended orientation
Our Saviour's Lutheran Church 400 W. 9th St.	Date Joined
400 W. 9th St. Hastings, MN 55033	Requested Transfer
110011120, 11111 00000	Media Release

Single ___ Married___Widowed___Divorced___

ADULT#2

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

REQUEST FOR MEMBERSHIP OUR SAVIOUR'S EVANGELICAL LUTHERAN CHURCH

Hastings, Minnesota

CHILDREN LIVING AT HOME

**********	******	************	
#1		JOINING at this time? YesNO	
LAST NAME			
FIRST NAME	MIDDLE	Nickname	
		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? YesNO	
LAST NAME			
FIRST NAME	MIDDLE	Nickname	
Male Female School Grade	_ BIRTH DATE	City/State	
BAPTIZED? Yes No Date	(Month	n/Day/Year)	
Congregation Name, City, State		•	
CONFIRMED? Yes No Date	(Month/Dav/Year)		
Congregation Name, City, State		•	
***********	******	·********	
#3		JOINING at this time? YesNO	
LAST NAME			
FIRST NAME	MIDDLE	Nickname	
Male Female School Grade	BIRTH DATE	Nickname City/State	
BAPTIZED? Yes No Date	(Month/Day/Year)		
Congregation Name, City, State			
CONFIRMED? Yes No Date	(Month/Dav/Year)		
Congregation Name, City, State		•	

CHILDREN LIVING AT HOME

#4		JOINING at this time? YesNO	
LAST NAME		_	
FIRST NAME	MIDDLE	Nickname	
		City/State	
BAPTIZED? Yes No Date	(Mon	th/Day/Year)	
Congregation Name, City, State_		•	
		(Month/Day/Year)	
Congregation Name, City, State_			
*********	*******	**************	
#5		JOINING at this time? YesNO	
LAST NAME		_	
FIRST NAME	MIDDLE	Nickname	
		City/State	
BAPTIZED? Yes No Date_	(Mon	(Month/Dav/Year)	
Congregation Name, City, State		•	
CONFIRMED? Yes No Da	te (M	(Month/Day/Year)	
Congregation Name, City, State_		•	
********	·**********	*************	
#6		JOINING at this time? YesNO	
LAST NAME		_	
FIRST NAME	MIDDLE	Nickname	
		City/State	
BAPTIZED? Yes No Date	(Mon	th/Day/Year)	
Congregation Name, City, State_		•	
CONFIRMED? Yes No Da	te (M	onth/Day/Year)	
Congregation Name, City, State_		•	