

**Zion Lutheran Church  
Anoka, MN  
Membership Information**



**It is my/our intention to become member(s) of Zion Lutheran Church of Anoka. As members, we make the commitment to worship regularly, grow in faith education, care for one another, serve others and support the church financially.**

**ADULT #1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name (ex. Mike for Michael) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(if applicable) (if applicable)

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Baptized NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_  
 Confirmed NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_

**ADULT #2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name (ex. Mike for Michael) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(if applicable) (if applicable)

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Baptized NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_  
 Confirmed NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_

**CHILDREN**  
(if applicable)

Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
 Baptized NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_  
 Confirmed NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_

Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
 Baptized NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_  
 Confirmed NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_

Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
 Baptized NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_  
 Confirmed NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_

Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
 Baptized NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_  
 Confirmed NO YES Date \_\_\_\_\_ Name of Church \_\_\_\_\_

**FAMILY ADDRESS**

\_\_\_\_\_ (street) \_\_\_\_\_ (apartment number )

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

**FAMILY HOME TELEPHONE**

\_\_\_\_\_ (if applicable)



**HERALD NEWSLETTER DELIVERY OPTION**

- I prefer to receive the monthly Herald Newsletter by US Mail.
- I prefer to receive the monthly Herald Newsletter by EMAIL.

**MEMBERSHIP TRANSFERS**

Do you or any family members have a membership at another church? YES NO

Church Name \_\_\_\_\_ City & State \_\_\_\_\_

Names of family members transferring from the church listed above to Zion Lutheran Church.

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Is there anything else you would like us to know as you become a member of Zion?

\_\_\_\_\_

\_\_\_\_\_

If possible, please include or e-mail a photo of those in your family that are joining Zion at this time.

The photo can be as individuals or as a family. Photos may be emailed as .jpg or we can scan any photo brought or sent in. Photos are not published anywhere, just shared with our staff. It is another way our staff can make connections with you.

Questions?

Please contact Suzanne Gaboury at [sgaboury@zionanoka.org](mailto:sgaboury@zionanoka.org) or call at 763-506-8108.

\*\*\*\*\*

**PERMISSION AND RELEASE**

I give my permission to have the information contained in this document recorded in the membership data base of Zion Lutheran Church. I also give my permission to release membership documents from my/our prior church (if applicable) for the purpose of transferring my/our membership to Zion Lutheran Church and to have this information recorded in the membership data base of Zion Lutheran Church.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date