

**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 Jenny Gustafson at jgustafson@zionanoka.org or call at 763-506-8109.

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