

NEW MEMBER INFORMATION FORM



SILVERDALE LUTHERAN CHURCH

Grace Filled. Spirit Led.

Please fill out and return to:

Silverdale Lutheran Church

ATTN: Office Manager

11700 Ridgepoint DR NW Silverdale, WA 98383 Phone

(360) 692-9263

Email: slc@silverdalelutheran.org

WELCOME!

(All information is kept confidential)

Names: _____

(Please list the names of adults and/or children wishing to join.)

Address _____

Contact Phone# _____

Email _____

I/We are transferring from another church. **Yes** **No**

If yes, name of church transferring from: _____

Address _____

If you or your child[ren] are not baptized, would you like the pastor to contact you with

information on baptism? **Yes** **No**

I/We would like envelopes for giving _____

I/We are interested in electronic giving and will visit www.silverdalelutheran.org to sign ourselves up

Please also fill out and return the individual membership information on the following pages.

Individual #1 (Check one) **Head of Household** **Spouse** **Child**

Name: _____ **Preferred Name** _____

Ethnic Origin: _____ **Gender:** **M** **F** **Other**

Personal email: _____

Cell Phone: _____

Date of birth: _____ **Place:** _____

Baptism Date: _____ **Place:** _____

Church: _____ **Pastor:** _____

Sponsors: _____

Confirmation Date: _____ **Place:** _____

Church: _____ **Pastor:** _____

Wedding Date: _____ **Place:** _____

Church: _____ **Pastor:** _____

Individual #2 (Check one) **Head of Household** **Spouse** **Child**

Name: _____ **Preferred Name** _____

Ethnic Origin: _____ **Gender:** **M** **F** **Other**

Personal email: _____

Cell Phone: _____

Date of birth: _____ **Place:** _____

Baptism Date: _____ **Place:** _____

Church: _____ **Pastor:** _____

Sponsors: _____

Confirmation Date: _____ **Place:** _____

Church: _____ **Pastor:** _____

Wedding Date: _____ **Place:** _____

Church: _____ **Pastor:** _____

Individual #3 (Check one)

Head of Household

Spouse

Child

Name: _____

Preferred Name _____

Ethnic Origin: _____

Gender: M F Other

Personal email: _____

Cell Phone: _____

Date of birth: _____ Place: _____

Baptism Date: _____ Place: _____

Church: _____ Pastor: _____

Sponsors: _____

Confirmation Date: _____ Place: _____

Church: _____ Pastor: _____

Wedding Date: _____ Place: _____

Church: _____ Pastor: _____

Individual #4 (Check one)

Head of Household

Spouse

Child

Name: _____

Preferred Name _____

Ethnic Origin: _____

Gender: M F Other

Personal email: _____

Cell Phone: _____

Date of birth: _____ Place: _____

Baptism Date: _____ Place: _____

Church: _____ Pastor: _____

Sponsors: _____

Confirmation Date: _____ Place: _____

Church: _____ Pastor: _____

Wedding Date: _____ Place: _____

Church: _____ Pastor: _____