



**Christ's Lutheran Church ~ Oreland, PA**  
 Voice: 215-886-4612 | email: christlutheran1@comcast.net.

## Membership Information Form | New and Existing

*Please download this fillable form to your computer. Then open the form on your computer to complete the fillable fields.  
 Save the completed form as your last name-first name-member info-date. To send the form see the last page.*

*Please complete as much information as possible for our congregational records.  
 If you do not have a computer, please print the information. Thank you.*

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Listed**  **Unlisted**

### *Adult Member / Spouse / Parent*

*Some information is helpful for emergency purposes and updating our records.*

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_  
**Last Name** \_\_\_\_\_ *(if different from above.)*

**Cell Phone:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **May we call you at work?**  yes |  no

**Birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Baptism:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Confirmed:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Place:** \_\_\_\_\_

### *Adult Member / Spouse / Parent*

*Some information is helpful for emergency purposes and updating our records.*

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_  
**Last Name** \_\_\_\_\_ *(if different from above.)*

**Cell Phone:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **May we call you at work?**  yes |  no

**Birth:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Baptism:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Confirmed:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Married:** \_\_\_\_\_ **Place:** \_\_\_\_\_

Last Name: \_\_\_\_\_

**Dependent Children:**

*Child 1*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name \_\_\_\_\_ (if different from above.)  
Cell Phone: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Birth: \_\_\_\_\_ Place: \_\_\_\_\_  
Baptism: \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmed: \_\_\_\_\_ Place: \_\_\_\_\_  
Married: \_\_\_\_\_ Place: \_\_\_\_\_  
 in college  not in college Graduation Year: \_\_\_\_\_  
College Name: \_\_\_\_\_  
Address: \_\_\_\_\_

*Child 2*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name \_\_\_\_\_ (if different from above.)  
Cell Phone: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Birth: \_\_\_\_\_ Place: \_\_\_\_\_  
Baptism: \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmed: \_\_\_\_\_ Place: \_\_\_\_\_  
Married: \_\_\_\_\_ Place: \_\_\_\_\_  
 in college  not in college Graduation Year: \_\_\_\_\_  
College Name: \_\_\_\_\_  
Address: \_\_\_\_\_

*Child 3*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name \_\_\_\_\_ (if different from above.)  
Cell Phone: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Birth: \_\_\_\_\_ Place: \_\_\_\_\_  
Baptism: \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmed: \_\_\_\_\_ Place: \_\_\_\_\_  
Married: \_\_\_\_\_ Place: \_\_\_\_\_  
 in college  not in college Graduation Year: \_\_\_\_\_  
College Name: \_\_\_\_\_  
Address: \_\_\_\_\_

*Child 4*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name \_\_\_\_\_ (if different from above.)  
Cell Phone: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Birth: \_\_\_\_\_ Place: \_\_\_\_\_  
Baptism: \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmed: \_\_\_\_\_ Place: \_\_\_\_\_  
Married: \_\_\_\_\_ Place: \_\_\_\_\_  
 in college  not in college Graduation Year: \_\_\_\_\_  
College Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Dependent Children:**

*Child 5*

First Name: _____	MI: _____
Last Name _____	(if different from above.)
Cell Phone: _____	Nickname: _____
Email Address: _____	
Birth: _____	Place: _____
Baptism: _____	Place: _____
Confirmed: _____	Place: _____
Married: _____	Place: _____
<input type="checkbox"/> in college <input type="checkbox"/> not in college	Year: _____
College Name: _____	
Address: _____	

*Please provide directions to your home from the church including significant landmarks; color; style; side of road; etc. in the event you request a pastoral visit.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional Notes or Comments:*

\_\_\_\_\_  
\_\_\_\_\_

*I give permission for the following information to be published in the church directory available to CLC members in a printed form or as a secured electronic copy.*

**yes - Name**    **yes - Address**    **yes - Phone #**    **yes – Email**    **yes – photo**

\_\_\_\_\_  
*Signature* (Please type name if submitting electronically.)

\_\_\_\_\_  
*Date*

*Thank you for completing this form. To send the completed form to the church office:*



1. Save the completed PDF form as: *your last name-first name-member info-date.*
2. Click the "STAR" in the email button to submit the form.
3. Follow the prompt that will appear to attach the form to your default email.
4. Attach to the email a jpeg photo for each family member for the church photo directory.
5. Please add your last name to the email subject line.

*~ For the Church Office ~*

*New Member(s). Received into membership:* \_\_\_\_\_

*Affirmation of Baptism*    *Letter of Transfer*   \_\_\_\_\_

*Other:* \_\_\_\_\_

*Notes:* \_\_\_\_\_  
\_\_\_\_\_