Zion Lutheran Church Membership and Contact Information Form

Family Name:		
(Please include street, P	PO Box, city, state, zip code)	
Physical Address:		
Mailing Address:		
Seasonal Address:		
Our family would like to	o receive the monthly newsletter and o	ther church
correspondence by:	Email (includes weekly email update)	USPS Mail
Our family is related to	the following Zion members (please lis	st type of relation):

FAMILY MEMBER 1

Select One:	wember	Associate Memb	er	Seasonal Member
	Friend	Community Men	nber	Remove from Membership
Select One (if	applicable):	Homebound	In Co	ollege
		In the Military		member Related to Member
First Name		Middle Na	ame _	
Last Name (if o	lifferent than ab	ove)		
Nickname				
Martial Status ₋	artial Status Gender			
Cell Phone	Landline Phone			
Email				
Birth Date		Baptismal	Date _	
Confirmation D	ate	Anniversa	ry Dat	e
Grade School				
FAMILY MEME	<u>BER 2</u>			
Select One:	Member	Associate Memb	er	Seasonal Member
	Friend	Community Men	nber	Remove from Membership
Select One (if applicable): Homebound In College		ollege		

In the Military

Non-member Related to

Zion Member

Family Member	er 2 continued	:		
First Name	Middle Name			
Last Name (if	different than ab	oove)		
Nickname				
Martial Status		Ge	ender _	
Cell Phone	Landline Phone			one
Email		· · · · · · · · · · · · · · · · · · ·		
	Birth Date Baptismal Date			
Confirmation D	Date	Anniversa	ary Dat	e
Grade	Sc	chool		
FAMILY MEME Select One:		Associate Mem	ber	Seasonal Member
	Friend	Community Mer	mber	Remove from Membership
Select One (if	applicable):	Homebound In the Military	Non-	ollege -member Related to Member
First Name	st Name Middle Name			
Last Name (if	different than ab	oove)	 	
Nickname				
Martial Status		Ge	ender _	
Cell Phone		Land	line Ph	one
Email				

Family Member	er 3 continued:			
Birth Date:	Baptismal Date:			
Confirmation Date		Anniversary Date		ee
Grade	School			
FAMILY MEME	<u>BER 4</u>			
Select One:	Member	Associate Mem	ber	Seasonal Member
	Friend	Community Mer	mber	Remove from Membership
Select One (if applicable):		Homebound	In Co	ollege
		In the Military		member Related to Member
First Name		Middle N	ame _	
Last Name (if d	lifferent than ab	ove)		
Nickname		 		
Martial Status _		Ge	ender _	
Cell Phone	ell Phone Landline Phone			
Email				
	Birth Date Baptismal Date			
Confirmation D	ate	Anniversa	ıry Dat	e
Grade	Sc	hool		

FAMILY MEMBER 5

Select One:	Member	Associate Mem	ber	Seasonal Member
	Friend	Community Me	mber	Remove from Membership
Select One (if	applicable):	Homebound	In C	ollege
		In the Military		-member Related to Member
First Name		Middle N	lame _	
Last Name (if	different than at	oove)		
Nickname				
Martial Status		Ge	ender ₋	
Cell Phone	ell Phone Landline Phone			
Email				
Birth Date		Baptismal	Date .	
Confirmation E)ate	Anniversa	ary Da	te
Grade	So	chool		
Please use an	additional form	for more family m	nembe	rs living in your household.

Return to Zion Lutheran Church Office by Sunday, May 15, 2022.

Use a separate form for family members living in different households.

Thank you.