

Request for Membership



FAMILY INFORMATION

Family Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____

Name of Emergency Contact: _____ (Not living with you please)

Relationship to you: Son Daughter Friend Neighbor Other

Emergency Contact Phone Number: () _____

Which Worship Service do you attend **most often**? Sat 5:00 Sun 8:30 Sun 10:30

Lord of Life "Lifelines" Newsletter – Do you prefer to receive it via ___ eMail ___ U.S. Mail

INDIVIDUAL MEMBERSHIP INFORMATION – MEMBER #1

Salutation: Mr. Mrs. Miss Ms. Dr. Rev. Other

First Name: _____ MI: _____ Legal Last Name: _____

Male Female Name you go by for your nametag? _____

Pin Magnet ****Magnets not recommended if you have pacemaker/defibrillator**

Birthdate: _____ Cell Phone: () _____

Email Address: _____

Marital Status: Married - Wedding Date _____ Single Widowed Partnered

Divorced Separated Significant Other

I am: Baptized Confirmed

My **HOMETOWN** is: _____ (The place you were born and raised.)

I am joining Lord of Life as a:

FULL Member (Full-time resident of AZ - Primary membership will be at Lord of Life)

ASSOCIATE Member (Seasonal resident of AZ – Primary membership is at another ELCA church)

If your spouse is not joining may we know their full name? _____

Name your spouse goes by for a nametag? _____ Pin Magnet No Nametag

INDIVIDUAL MEMBERSHIP INFORMATION – MEMBER #2

Salutation: Mr. Mrs. Miss Ms. Dr. Rev. Other

First Name: _____ MI: _____ Legal Last Name: _____

Male Female Name you go by for your nametag? _____

Pin Magnet ****Magnets not recommended if you have pacemaker/defibrillator**

Birthdate: _____ Cell Phone: () _____

Email Address: _____ (continued on back)

Marital Status: Married - Wedding Date _____ Single Widowed Partnered
 Divorced Separated Significant Other

I am: Baptized Confirmed

My **HOMETOWN** is: _____ (The place you were born and raised.)

I am joining Lord of Life as a:

- FULL** Member (*Full-time resident of AZ - Primary membership will be at Lord of Life*)
 ASSOCIATE Member (*Seasonal resident of AZ – Primary membership is at another ELCA church*)

SPONSORSHIP

Do you have a sponsor? No, I/we need a sponsor(s)

Yes, I would like my/our sponsor(s) to be: _____

GIVING

I/We prefer to give via: Online Giving Personalized Envelopes Pew Envelopes

Members joining as a **couple** will be assigned a **joint giving number** unless individual numbers are requested. *****If left incomplete, personalized envelopes will be ordered automatically.***

PRESENT CHURCH MEMBERSHIP

I/We do not belong to a church at this time

**** To be completed only by FULL MEMBERS requesting a church to church transfer**

I/We prefer to request the Letter of Transfer

I/We prefer that Lord of Life request the Letter of Transfer from:

Pastor's Name: _____

Name of Church: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

ALTERNATE ADDRESS (for seasonal residents only)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: () _____

Months you are usually away? Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

(Circle all that apply)

When you have completed this form, please return it to the Church Office.

Lord of Life Lutheran Church 13724 W. Meeker Blvd., Sun City West, AZ 85375-3730 www.lolaz.org (623) 584-2000