

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

SPONSORSHIP

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

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

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 ****Please do NOT order a magnetic nametag if you have an implantable device (i.e. 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 ☐ **ASSOCIATE** Member

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 ****Please do NOT order a magnetic nametag if you have an implantable device (i.e. 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 ☐ **ASSOCIATE** Member

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: _____

☐ I/We don't leave-I/We stay in Arizona all year long

ALTERNATE ADDRESS (If you leave Arizona for the summer, where do you go?)

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 Administration Office as soon as possible.