

☐ Membership # & Envelopes

Employer: _____ Position: _____

Children? Yes ☐ No ☐

Child Full Name: _____ DOB: _____ School/Grade: _____

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List any higher education (majors, colleges/universities, dates of graduation):

List any health items (blood type, allergies, other alerts):

Emergency Contact:

Name: _____ Phone: _____

Tell us about yourself- where you are from, where you lived before, any hobbies, interests, etc:

Share with us the reason you decided to become a member of St. Paul's Lutheran Church:

Please Return Information Sheet to the Church Office. Thanks!

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