



MEMBERSHIP PROFILE

PLEASE PRINT ALL INFORMATION CLEARLY. COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY AND BRING IT WITH YOU TO YOUR FIRST NEW MEMBER CLASS. COMPLETE A PROFILE FORM FOR EACH MEMBER OF YOUR FAMILY/HOUSEHOLD.

Name: _____

Preferred Name: _____

Address 1: _____

Address 2: _____

City/State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail address: _____

Occupation: _____

Work Phone: _____

Gender: _____

Marital Status: _____

(SG-Single, M-arried, S-separated, D-ivorced, W-idowed)

Birthdate: _____

Baptism Date: _____

Confirmation Date: _____

Marriage Date: _____

School Grade: _____

School Name: _____

Ethnic Information: _____

1-African American, 2-White, 3-Native American, 4-Pacific Islander, 5-Other)

How Came to:

_____ Affirmation of Faith

_____ Transfer from other ELCA

****Additional information may be written on back of form if you do not have adequate space.**

What Worship Service have you been attending? Saturday 5:00 PM _____
Sunday 9:00 AM _____ or 11:00 AM _____

Is there any member with whom you feel you've already connected with here at Hope?

Other Members in Household/Relationship

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Small Groups/Classes you currently participate in:

Skills/Interests: (List any particular skills you have – ex. plumbing, electrical, gardening, etc.)

Alternate Address:

Do you live at another address for part of the year, please indicate below:

Dates: From _____ To _____

Address 1: _____

Address 2: _____

City/State: _____

Zip: _____

Telephone: _____