

Each adult person in the household is to individually complete this form. Children should be listed on only one form, either mother or father.

Membership Application / Information Form

Desiring to unite with this congregation, I affirm and confess my faith in the Triune God through my Lord and Savior, Jesus Christ. I desire a closer relationship with Christ, my Savior, through regular participation in the Sacrament of Holy Communion and through regular attendance at the services of worship.

I recognize that faith without works is dead and therefore, will do all in my power to show my love for Christ and His people in Christian service, doing my part in the congregation's program of ministry, witnessing to His love in my life, using my God-given abilities as I am able, and by supporting this congregation with a proportionate share of my income.

ADDRESS		CITY	STZIP
PHONE	CELL	EMAIL	
BIRTH DATE	CITY/STATE		
BAPTISM DATE	CHURCH / CITY/STAT	!	
CONFIRMATION DATE	CHURCH / CITY/STATE		
MOST RECENTLY A MEMBER AT	(Congregation & location)		
WHO WILL REQUEST LETTER OF	TRANSFER? I WILL C	HRIST THE KING	
_	SINGLE WIDOWED		
I AM: MARRIED D SPOUSE'S NAME I understand that the Lut	heran Church and particular	MARRIAGE DATE / LOCATIONy this congregation, functions as no other source of income the contract of the	according to the New
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DISCLOSURES AND PERMISSIONS

	and distributes a Phone Directory once a year for members' exclusive use including their names, mbers, and church mailboxes. May we include yours?
☐ YES	□ NO
•	er and important messages from the church office, pastor, and congregation council are sent via ou to the email list? (You may cancel anytime.)
☐ YES	□ NO
Please tell us more	about yourself including your hobbies, interests, work, life history, family, etc.:

Please return this form to the Church Office:

Email: ctk1125@ctklutheran.com Fax: 770-205-9713 or 1125 Bettis Tribble Gap Rd., Cumming, GA 3040