



New Member Information Form

NAME/First/Middle/Last: _____ Preferred Name: _____

Address: _____ City/State/Zip: _____

Telephone #: _____ Cell Phone #: _____

Village/Community: _____ List in Church Directory? Yes _____ No _____

Would you like to receive e-mail communications from the church? (Important Notices, Digital Newsletter, Death Notices)

Yes _____ No _____

E-mail Address(s): _____

Alternate/Seasonal Address: _____

City/State/Zip: _____

From (date) _____ to _____

Birth Date: _____ Baptism Date: _____ Confirmation Date: _____

Marital Status (please circle): Single/Separated/Divorced/Widowed/Married (date): _____

Ethnicity: Caucasian/White _____ African American _____ Asian _____ Hispanic _____ Native American _____

Other: _____

Current Occupation: _____ Previous Occupation: _____

Previous/Current Church: _____ ELCA? Yes _____ No _____

Previous/Current Church Address: _____

Desired Membership Status (please select one): (If you are unsure of your membership type, leave blank and we will clarify for you at the orientation).

- Voting Member** (Wishes to be a member of Hope and does not retain any membership in another congregation. Voting members have voice & vote at every regular and special meeting of the congregation, as well as other voting rights ascribed by our Constitution).
- Associate Member** (Holds and wishes to retain membership in another Christian congregation but desires to participate in the life and mission of Hope. Associate members have all the privileges and duties of membership except voting rights).
- Seasonal Member** (Holds and wishes to retain membership in another ELCA congregation but desires to participate in the life and mission of Hope. Seasonal members have all the privileges and duties of membership including exercising limited voting rights at Hope).

