



New Life Lutheran Church

4380 Wakonda Dr
Norwalk, IA

Membership Date: _____

New Member Form

Name: (Head of House) _____
First MI Last

Address: _____ City _____ Zip _____

Home Phone Number (____)(____)(____) Cell Phone: (____)(____)(____)

Email: _____

Birthdate: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Confirmation date: _____ Place of Confirmation: _____

Occupation: _____ Place of Employment: _____

Hobbies & Interests: _____

Name: (Spouse) _____
First MI Last

E-mail: _____ Cell Phone: (____)(____)(____)

Birthdate: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Confirmation date: _____ Place of Confirmation: _____

Occupation: _____ Place of Employment: _____

Hobbies & Interests: _____

Are you presently a member of a church? Yes _____ No _____

If "yes", have you secured your transfer or release? _____ Would you like us to take care of that for you? Yes _____ No _____

Name & address of former church:

Please list any information that may be helpful to the staff of New Life concerning special circumstances involved with the children: (i.e. step-children; different address than yours, etc.)
