

IMPORTANT MEMBERSHIP INFORMATION

Please fill out this form and place it in the offering plate, or give it directly to Pastor Paul.

Over the past number of months, we have been working to collect accurate data regarding households who consider Faith and Rock Creek their spiritual home. Pastor Oppedahl is committed to completing this task and needs your help. Please complete the following information as precisely as you can so that we can make sure our database is as accurate as possible.

HOUSEHOLD^{family} NAME: _____

Street Address: _____

City, Zip: _____

Primary Phone #: _____

We consider ourselves to be members of Faith Lutheran: <input type="checkbox"/> Yes. <input type="checkbox"/> No, not interested. <input type="checkbox"/> No, but interested in membership.	We consider ourselves to be members of Rock Creek Lutheran: <input type="checkbox"/> Yes. <input type="checkbox"/> No, not interested. <input type="checkbox"/> No, but interested in membership.
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Household Members (All information is confidential. It will not be shared without your permission)

First Name	Middle Name	Birthdate	Baptismal date & location if known.
		__ / __ / ____	
Cell #:		Email:	
		__ / __ / ____	
Cell #:		Email:	
		__ / __ / ____	
Cell #:		Email:	
		__ / __ / ____	
Cell #:		Email:	
		__ / __ / ____	
Cell #:		Email:	