

# New Member Information

*One form per household. Please return to the office.*

<b>Household Info</b>			
Desired Mailing Label:		<input type="checkbox"/> The Last Name Family <input type="checkbox"/> Head of Household Name Only	
Address 1		Address 2	
City	State	Zip	
Primary Phone Number: (____) ____- ____		This number is a: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Land Line	

<b>Head of Household Info (Adult Member)</b>			
<b>Name:</b> First:	Middle:	Last:	Suffix:
Maiden:	Nickname:	Use Nickname? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Contact:</b> E-mail: Email:			
Cell: (____) _____- _____		Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race:</b>		<b>Ethnicity:</b>	
<b>Gender:</b>		<b>Date of Birth:</b> ____/____/_____	
<b>Education:</b> Highest Level:		<b>Organizations &amp; Activities:</b>	
<b>Occupation:</b> Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Military Branch:	
<b>Church Life:</b> Baptism Date: Baptized At:		Baptism Sponsor: Baptism Sponsor: City, State:	
Confirmation Date: Confirmed At:		Confirmation Sponsor: City, State:	
Marital Status: Wedding Date:		Spouse Name: Married At/By: City, State:	
<b>Received By:</b> (Circle One) Baptism/Confirmation    Affirmation of Faith Transfer (From ELCA)    Transfer (non-ELCA)		Transferred From: City/State:	

<b>Secondary Adult/Spouse Info</b>			
<b>Name:</b> First:	Middle:	Last:	Suffix:
Maiden:	Nickname:	Use Nickname? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Contact:</b> E-mail: Email:			
Cell: (____) _____-_____		Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership Status of Second Adult: Choose an item.  
*\*\*If Secondary Adult/Spouse is already an existing member of Zion, do not fill out remainder of this section.  
 \*\*If there has been zero recorded attendance for 2+ years, membership must be reactivated. All following information is needed.*

<b>Race:</b>	<b>Ethnicity:</b>
<b>Gender:</b>	<b>Date of Birth:</b> ____/____/____
<b>Education:</b> Highest Level:	<b>Organizations &amp; Activities:</b>
<b>Occupation:</b> Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Military Branch:
<b>Church Life:</b> Baptism Date: Baptized At:	Baptism Sponsor: Baptism Sponsor: City, State:
Confirmation Date: Confirmed At:	Confirmation Sponsor: City, State:
Marital Status: Wedding Date:	Spouse Name: Married At/By: City, State:
<b>Received By:</b> (Circle One) Baptism/Confirmation    Affirmation of Faith Transfer (From ELCA)    Transfer (non-ELCA)	Transferred From: City/State:

<b>Questionnaire</b>
Why did you choose to join Zion?
What are you most interested in at Zion? (Worship, ministry groups, volunteering, children's activities, music, etc.)
Do you have a special relationship with any current members? (Family members, friends, etc.)

<b>Child's Name:</b> First: _____ Middle: _____ Last: _____ Suffix: _____			
Nickname: _____ Use? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date of Birth:</b> _____	
Is this an Adult-Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this child be participating at Zion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>**If this child will not be participating at Zion, do not fill out the remainder of this section.</i>			
<b>Race:</b> _____		<b>Ethnicity:</b> _____	
<b>Gender:</b> _____			
<b>Education:</b> Highest Level: _____		(Current Students) Grade: _____ School District: _____	
<b>Occupation:</b> Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Military Branch: _____	
<b>Church Life:</b> Baptism Date: _____ Baptized At: _____		Baptism Sponsor: _____ Baptism Sponsor: _____ City, State: _____	
Confirmation Date: _____ Confirmed At: _____		Confirmation Sponsor: _____ City, State: _____	
Marital Status: _____ Wedding Date: _____		Spouse Name: _____ Married At/By: _____ City, State: _____	
<b>Received By:</b> (Circle One) Baptism/Confirmation Transfer (From ELCA)		Affirmation of Faith Transfer (non-ELCA)	
		Transferred From: _____ City/State: _____	

<b>Child's Name:</b> First: _____ Middle: _____ Last: _____ Suffix: _____			
Nickname: _____ Use? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date of Birth:</b> _____	
Is this an Adult-Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this child be participating at Zion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>**If this child will not be participating at Zion, do not fill out the remainder of this section.</i>			
<b>Race:</b> _____		<b>Ethnicity:</b> _____	
<b>Gender:</b> _____			
<b>Education:</b> Highest Level: _____		(Current Students) Grade: _____ School District: _____	
<b>Occupation:</b> Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Military Branch: _____	
<b>Church Life:</b> Baptism Date: _____ Baptized At: _____		Baptism Sponsor: _____ Baptism Sponsor: _____ City, State: _____	
Confirmation Date: _____ Confirmed At: _____		Confirmation Sponsor: _____ City, State: _____	
Marital Status: _____ Wedding Date: _____		Spouse Name: _____ Married At/By: _____ City, State: _____	
<b>Received By:</b> (Circle One) Baptism/Confirmation Transfer (From ELCA)		Affirmation of Faith Transfer (non-ELCA)	
		Transferred From: _____ City/State: _____	