

**New Membership Form**

**Moe Lutheran Parish**



Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Which church of Moe Lutheran Parish are you requesting to join?

Lands Lutheran Church       Trinity Lutheran Church       Romsdal Lutheran Church

Will any family members be joining with you? Y N List: \_\_\_\_\_

Briefly describe your church background, if any? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you been baptized?  Yes  No If so, date \_\_\_\_\_

Have you been Confirmed?  Yes  No If so, date \_\_\_\_\_

Will you be transferring membership from another church?  Yes  No

If so, which one \_\_\_\_\_

Other comments/questions \_\_\_\_\_  
\_\_\_\_\_