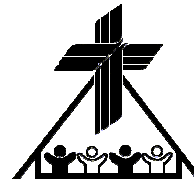


Our Savior Lutheran Church

Application for Membership



Please complete one application for each individual.

Last Name		First Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Middle Name	Parents' Names	
Home Address			
City		State	ZIP
Home Phone		Cell Phone	
Work Phone		Email Address	
Occupation (or Grade in School)		Employer (or School)	
Date of Birth		Place of Birth	
Date of Baptism		Place of Baptism	
Date of Confirmation		Place of Confirmation	
Currently Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name of Spouse		
Date of Marriage		Place of Marriage	
Names and Ages of Children			
		Number of Previous Marriages Ended in: ▶ Death of Spouse: _____ ▶ Divorce: _____	
Profession of Lutheran Faith <input type="checkbox"/> Transferring from LCMS congregation <input type="checkbox"/> Transferring from other Lutheran congregation <input type="checkbox"/> Have attended Lutheran Basics class at OSLC <input type="checkbox"/> Will attend Lutheran Basics class at OSLC		Name and Address of Previous Congregation	

Return to:

Our Savior Lutheran Church
 1400 Route 52
 Fishkill, NY 12524

Today's Date: _____

After submitting this application, you will be contacted for a visit with Pastor Young. New members are received into membership on certain dates in the year; you will be notified of your reception.

Please call Pastor Young at 845-897-4423 if you have any questions.