

# East Union Lutheran Church

## NEW MEMBER PROFILE

(please print)

<b>1</b>			
	<b>Last Name</b> <i>(please include maiden name if applicable)</i>	<b>Full First Name (Nickname)</b>	<b>MI</b>
<b>2</b>			
	<b>Last Name</b> <i>(please include maiden name if applicable)</i>	<b>Full First Name (Nickname)</b>	<b>MI</b>
Address:			
City/State/Zip:			
Home Phone: (    )			
Additional Phone Numbers (optional):			
(    )		(    )	(    )
(type of phone #):		(type of phone #):	(type of phone#):
Email Address(es)			
Would you like to receive emails from EULC (weekly announcements/reminders):    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>1</b>	Date of Birth:	
	Date of Baptism	
	Date of Confirmation:	
	Date of Marriage:	
Optional Information:		
	Place of Birth:	
	Parent's Names:	
	Ethnic Origin:	

<b>2</b>	Date of Birth:	
	Date of Baptism	
	Date of Confirmation:	
	Date of Marriage:	
Optional Information:		
	Place of Birth:	
	Parent's Names:	
	Ethnic Origin:	

<b>If transferring, name of previous congregation:</b>	
Church name:	
Address:	
City/State/Zip:	
Would you like us to write for transfer papers?    YES <input type="checkbox"/> NO <input type="checkbox"/> Transfer papers already sent <input type="checkbox"/>	

(continued on back)

Children (if joining with you):	
Name:	
Date of Birth:	Date of Baptism:
Grade:	
Name:	
Date of Birth:	Date of Baptism:
Grade:	
Name:	
Date of Birth:	Date of Baptism:
Grade:	
Name:	
Date of Birth:	Date of Baptism:
Grade:	

**Welcome to East Union Lutheran Church**  
*God Bless this partnership in faith.*

Please return this form to:  
 East Union Lutheran Church  
 15180 County Rd. 40  
 Carver, MN 55315