East Union Lutheran Church

NEW MEMBER PROFILE

(please print)

1							
ł	Last Name (please include	maiden name if apolicable)	- Full	Eirst Nam	ie (Nicknan	na)	MI
2							
	Last Name (please include	maiden name if applicable)	Full	First Nam	ie (Nicknam	1e)	MI
	Address:						
	City/State/Zip: Home Phone: ()						
	Additional Phone Numbers	. (optional):		roje stalika ili			
	()	()			()	
	(type of phone #):	(type of phone	ie #):		(type o	of phone#):	
	Email Address(es):				T T		
	11 11 4						
l	Would you like to receive e	mails from EULC (weekiy	annound	cements/ren	ninders):	YES 🗆	NO 🗆
1	Date of Birth:		2	Date of Bir	rth:		
	Date of Baptism			Date of Ba	aptism		
	Date of Confirmation:			Date of Co	onfirmation:		
	Date of Marriage:		1	Date of Ma	arriage:		
	Optional Information:			Optional In	nformation:		
	Place of Birth:			Place of B	lirth:		
	Parent's Names:			Parent's Names:			
Ī	Ethnic Origin:			Ethnic Origin:			
-			_				
	If transferring, name	of previous congreg	ation:		Artornor and		
	Church name:	Church name:					
	Address: City/State/Zip:						
Ī	Would you like us to write for	for transfer papers? YES	3 🗆 1	NO 🗆 🔝	Transfer pape	ers already sen	nt 🛘

(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