



St. Mark's Lutheran

600 Stevens Drive ☩ Wausau, Wisconsin ☩ 54401-2977 Phone (715) 848-5511

APPLICATION FOR CHURCH MEMBERSHIP

Full Name: _____
(First Name) (Middle Name) (Last Name)

Street Address: _____ PO Box# _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

You were born: _____
(Date) (Place)

You were baptized: _____
(Date) (Place) (By whom)

You were confirmed: _____
(Date) (Place) (By whom)

Wedding Date: _____

Spouse's Name: _____

Do you want to become a voting member? Yes No

Children:

Child's Name	Birthdate	Baptism Date	Current Grade

Father's Name: _____

Mother's Name: _____

Previous Church Membership: _____
(Name) (Place)

Special abilities and/or desires for the Lord's Service: _____

In becoming a member of St. Mark's Lutheran Church, I again confirm and confess my faith in my Lord Jesus Christ. Through membership in this church I seek to attain a closer companionship with Christ, my only Savior, through diligent use of His Holy Supper and through regular attendance at the services in His house.

I also recognize that faith without works is dead; therefore I shall, with God's help, live a Christian life and support this church with my prayers, my words, my actions and with any monetary free will gifts.

Signed: _____ Date: _____