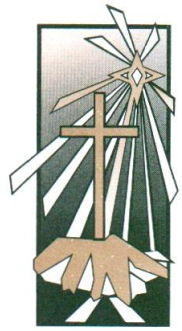


STAR OF BETHLEHEM

Lutheran Church & School

Wisconsin Evangelical Lutheran Synod



APPLICATION FOR CHURCH MEMBERSHIP

Family Name _____ Phone _____

Address _____

Email Address _____

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

Birthdate _____	Parents' Names _____
Baptism Date _____	Baptism Place _____
Confirmation Date _____	Confirmation Place _____
Date of Marriage _____	Place of Marriage _____

Spouse: _____ (Last Name) _____ (First Name) _____ (Middle) _____ (Maiden Name)

Birthdate _____	Parents' Names _____
Baptism Date _____	Baptism Place _____
Confirmation Date _____	Confirmation Place _____
Date of Marriage _____	Place of Marriage _____

<u>Child(ren)'s Name(s)</u>	<u>Birthdate</u>	<u>Date of Baptism</u>	<u>Date of Confirmation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I (we) promise to adhere to the Constitution and Bylaws of this Congregation, to attend Worship Services and the Lord's Supper regularly, to support according to your means this Congregation and the Wisconsin Evangelical Lutheran Synod.

Is it my (our) sincere desire, with the help of God, to remain true to and conform to God's Word, and to refrain from all ungodly associations with lodges, secret societies, and the like.

Signature(s): _____

Date: ___ / ___ / 20___