



CALVARY BY THE SEA LUTHERAN CHURCH

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APPLICATION FOR CHURCH MEMBERSHIP

(SPOUSES MUST FILL OUT SEPARATE FORMS)

DATE: _____

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE: _____
HOME BUSINESS CELL

E-MAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PLACE OF EMPLOYMENT: _____ OCCUPATION: _____

HAVE YOU BEEN BAPTIZED: _____ YES / _____ NO DATE TO JOIN CHURCH: _____

JOINING CALVARY BY: _____ AFFIRMATION _____ BAPTISM _____ TRANSER

IF BY TRANSER FROM ANOTHER LUTHERAN CHURCH:

CHURCH NAME: _____ NAME OF PASTOR: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

MARITAL STATUS: _____ SINGLE _____ MARRIED _____ DIVORCED _____ WIDOW(ER)

NAME OF SPOUSE: _____

CHILDREN:

Name	Birthday	Birth Place	Baptized?	Confirmed?	Married?	Joining?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I WOULD LIKE TO SERVE CALVARY IN THE FOLLOWING WAYS: _____

IN CASE OF EMERGENCY CONTACT:

NAME RELATIONSHIP PHONE NUMBER