

**University Lutheran Church
Lutheran Campus Ministry**

340 East 15th Street
Tempe, AZ 85281
Phone: (480)967-3543 info@ULCtempe.org



NEW MEMBER INFORMATION

ADULT #1

First Name _____ Initial _____ Last Name _____ Preferred Name _____

Birth Date _____ Birth Place _____ Gender _____

Single - Married - Divorced - Widowed _____ Maiden Name _____
(please circle one) (if applicable)

Wedding Anniversary _____ - _____ - _____

Occupation _____ Work Phone _____ Cell Phone _____

Baptism date/year _____ Confirmation date/year _____

Membership transfer/Prior Congregation

Church Name _____ City _____ State _____

Office Use Only Received By: Baptism _____ Transfer _____ Affirmed Faith _____
Adult Confirm _____ Other Lutheran _____ Other Denomination _____ Reactivation _____
Church Affiliation: _____

ADULT #2

First Name _____ Initial _____ Last Name _____ Preferred Name _____

Birth Date _____ Birth Place _____ Gender _____

Single - Married - Divorced - Widowed _____ Maiden Name _____
(please circle one) (if applicable)

Wedding Anniversary _____ - _____ - _____

Occupation _____ Work Phone _____ Cell Phone _____

Baptism date/year _____ Confirmation date/year _____

Membership transfer/Prior Congregation

Church Name _____ City _____ State _____

Office Use Only Received By: Baptism _____ Transfer _____ Affirmed Faith _____
Adult Confirm _____ Other Lutheran _____ Other Denomination _____ Reactivation _____
Church Affiliation: _____

Home Address: _____ Street _____ City _____ State _____ Zip Code _____

E-Mail Address _____ E-Mail Address _____ E-Mail _____ Email _____

Primary phone number: _____ Unpublished _____ Published _____ May we publish it in our directory? _____

Emergency contact: _____ Name _____ Relationship _____ Phone _____

SPONSORS

_____ I/We would like _____
as sponsors.
_____ Please assign sponsors.

SPONSORS

CHILD #1

First Name _____ Initial _____ Last Name _____ Preferred Name _____

Birth Date _____ Birth place _____ Gender _____

Baptism date _____ Confirmation date _____

School grade _____ Admitted to First Communion? _____

Office Use Received By: Baptism ___ Transfer ___ Affirmed Faith ___
Adult Confirm ___ Other Lutheran ___ Other Denomination ___ Reactivation ___

CHILD #3

First Name _____ Initial _____ Last Name _____ Preferred Name _____

Birth Date _____ Birth place _____ Gender _____

Baptism date _____ Confirmation date _____

School grade _____ Admitted to First Communion? _____

Office Use Received By: Baptism ___ Transfer ___ Affirmed Faith ___

CHILD #2

First Name _____ Initial _____ Last Name _____ Preferred Name _____

Birth Date _____ Birth place _____ Gender _____

Baptism date _____ Confirmation date _____

School grade _____ Admitted to First Communion? _____

Office Use Received By: Baptism ___ Transfer ___ Affirmed Faith ___
Adult Confirm ___ Other Lutheran ___ Other Denomination ___ Reactivation ___

CHILD #4

First Name _____ Initial _____ Last Name _____ Preferred Name _____

Birth Date _____ Birth place _____ Gender _____

Baptism date _____ Confirmation date _____

School grade _____ Admitted to First Communion? _____

Office Use Received By: Baptism ___ Transfer ___ Affirmed Faith ___
Adult Confirm ___ Other Lutheran ___ Other Denomination ___ Reactivation ___

Welcome

New

Members

FAMILY MEMBERS NOT JOINING NOW

Name _____

Relationship _____

Name _____

Relationship _____

Welcome

New

Members