

Athens, Georgia & Application for Membership

Please fill out a separate application for each confirmed person seeking membership.

"But you are a chosen people, a royal priesthood, a holy nation, a people belonging to God, that you may declare the praises of him who called you out of darkness into his wonderful light."

1 Peter 2:9

Name:						
	First	Middle	Last		(Maiden)	
Address:				GA	-	
	Address		City	State	State Zip+4	
Phone:	() Home	()	()	()	1	
	Home	Work	Mobile/Other	Fax		
Email:						
	Home		Work			
Work:						
			Occupation	Emp	Employer	
Church Affiliation:						
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Dorni	, ,					
Born:	/ Date			City	State	
				2.3,		
Baptized:	/ Date	Church		<u> </u>	<u> </u>	
	Date	Church		City	State	
Confirmed:	/ /					
	Date	Church		City	State	
	Please	fill out spouse & child	dren information	on back.		
Christ and	d state my desi	nip at Trinity Lutheran re to assume the resp with the help of God. ⁻	onsibilities as a n	nember of Tr		
fam 2. To d 3. To l	worship regularl ily at Trinity. commune freque ead a Christian financially suppo	ently.		of my childre Jh the agenci on.	n at home es of the	

personal devotion to God.

Date:

which God has called us.

to my ability.

5. To render Christian service according

Spouse	
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Marriage Info.:						
_	Status					
Wedding:	/ /					
_	Date	Church	City	State		
Spouse:						
	First	Middle	Last	(Maiden)		
		confirmed Chil				
Name:						
-	First	Mic	ddle	Last		
Date of Birth:	/ /					
	Date		City	State		
Baptism:		Church	City	State		
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Schooling:	Sch	ool Attending	Grade	e		
Name:						
_	First	Mic	ddle	Last		
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Date of Birth:	/ /					
	Date		City	State		
Baptism:	/ / Date	Church	City	State		
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Schooling:	Sch	ool Attending	Grade	<u> </u>		