

New Member Information Form

*Please provide the information below for all members in your household who intend to become members of Our Savior's.

Do not include information for adult children who are NOT living with you.

HOUSEHOLD INFORMATION

Household: _____ (How should mail be addressed, such as: Joe Smith; The Smiths; Joe & Jane Smith; Joe Smith & Jane Nelson-Smith; etc.)

Household Phone: () _____
 Home Cell (Whose: _____)

Address: _____

Primary Email: _____

How would you prefer to receive our monthly newsletter: Email* Mail

Would you like to receive our weekly news emails? Yes * No

Would you like a church mailbox? Yes No

NOTE: OSLC no longer uses these mailboxes for primary church communications. Availability is limited.

Would you like to receive offering envelopes? Yes No I would like automatic giving information

* You consent to receiving emails from OSLC via Constant Contact. You may unsubscribe at any time.

Member Joining Information:

First Name: _____

Middle: _____

Last Name: _____

Nickname: _____

Preferred Phone: () _____
 Cell Home Work

Secondary Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female Other

Race (optional): _____

Are you currently a member at another church?

Church: _____

Address: _____

Relationships: _____
(spouse, mother, son, divorced, single, widow, etc.)

Employer: _____

If Current Student, Grade: _____

Birth _____ (mm/dd/yy)

City/State: _____

Baptism _____ (mm/dd/yy)

City/State: _____

Church: _____

Confirmation _____ (mm/dd/yy)

City/State: _____

Church: _____

Marriage _____ (mm/dd/yy)

City/State: _____

Church: _____

New Member Information Form

Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Nickname: _____

Preferred Phone: () _____
 Cell Home Work

Secondary Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female Other

Race (optional): _____

Are you currently a member at another church?

Church: _____

Address: _____

Relationship: _____

Other Household (ie: other parent, if applicable)
Name: _____

Address: _____

Employer: _____

If Current Student, Grade: _____

Birth _____ (mm/dd/yy)

City/State: _____

Baptism _____ (mm/dd/yy)

City/State: _____

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Confirmation _____ (mm/dd/yy)

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City/State: _____

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Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Nickname: _____

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Secondary Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female Other

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