

New Member Information Form

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

HOUSEHOLD INFORMATION

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

Address: _____

Primary Email: _____ Primary Phone: (____) _____
 Home Cell

Are you currently a member of another church? Yes No

Church Name: _____ City/State: _____

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/electronic giving information

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

Member Joining Information:

First Name: _____

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

Middle: _____

Employer: _____

Last Name: _____

If Current Student, Grade: _____

Preferred/Nickname: _____

Birth _____ (mm/dd/yy)

Former/Maiden Name: _____

City/State: _____

Preferred Phone: (____) _____
 Cell Home Work

Baptism _____ (mm/dd/yy)

Secondary Phone: (____) _____
 Cell Home Work

City/State: _____

Church: _____

Email: _____

First Communion _____ (mm/dd/yy)

City/State: _____

Gender: Male Female _____

Confirmation _____ (mm/dd/yy)

City/State: _____

Race (optional): Black Asian/Pacific Hispanic
 White Native American Multi Racial

Marriage _____ (mm/dd/yy)

City/State: _____

Church: _____

New Member Information Form

Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Preferred/Nickname: _____

Former/Maiden Name: _____

Preferred Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female _____

Race (optional): Black Asian/Pacific Hispanic
 White Native American Multi Racial

Other Household (ie: other parent, if applicable)

Name: _____

Address: _____

Relationship: _____

Employer: _____

If Current Student, Grade: _____

Birth _____ (mm/dd/yy)

City/State: _____

Baptism _____ (mm/dd/yy)

City/State: _____

Church: _____

First Communion _____ (mm/dd/yy)

City/State: _____

Confirmation _____ (mm/dd/yy)

City/State: _____

Marriage _____ (mm/dd/yy)

City/State: _____

Church: _____

Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Preferred/Nickname: _____

Former/Maiden Name: _____

Preferred Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female _____

Race (optional): Black Asian/Pacific Hispanic
 White Native American Multi Racial

Other Household (ie: other parent, if applicable)

Name: _____

Address: _____

Relationship: _____

Employer: _____

If Current Student, Grade: _____

Birth _____ (mm/dd/yy)

City/State: _____

Baptism _____ (mm/dd/yy)

City/State: _____

Church: _____

First Communion _____ (mm/dd/yy)

City/State: _____

Confirmation _____ (mm/dd/yy)

City/State: _____

Marriage _____ (mm/dd/yy)

City/State: _____

Church: _____

New Member Information Form

Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Preferred/Nickname: _____

Former/Maiden Name: _____

Preferred Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female _____

Race (optional): Black Asian/Pacific Hispanic
 White Native American Multi Racial

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

Relationship: _____

Employer: _____

If Current Student, Grade: _____

Birth _____ (mm/dd/yy)
City/State: _____

Baptism _____ (mm/dd/yy)
City/State: _____
Church: _____

First Communion _____ (mm/dd/yy)
City/State: _____

Confirmation _____ (mm/dd/yy)
City/State: _____

Marriage _____ (mm/dd/yy)
City/State: _____
Church: _____

Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Preferred/Nickname: _____

Former/Maiden Name: _____

Preferred Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female _____

Race (optional): Black Asian/Pacific Hispanic
 White Native American Multi Racial

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

Relationship: _____

Employer: _____

If Current Student, Grade: _____

Birth _____ (mm/dd/yy)
City/State: _____

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City/State: _____
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City/State: _____

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City/State: _____

Marriage _____ (mm/dd/yy)
City/State: _____
Church: _____

New Member Information Form

Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Preferred/Nickname: _____

Former/Maiden Name: _____

Preferred Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female _____

Race (optional): Black Asian/Pacific Hispanic
 White Native American Multi Racial

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City/State: _____
Church: _____

Additional Household Members:

First Name: _____

Middle: _____

Last Name: _____

Preferred/Nickname: _____

Former/Maiden Name: _____

Preferred Phone: () _____
 Cell Home Work

Email: _____

Gender: Male Female _____

Race (optional): Black Asian/Pacific Hispanic
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City/State: _____
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