

**St. Mark's Lutheran Church of the Irish Hills
Member Information Form**

Last Name: _____ Title: _____ First Name: _____

Preferred Name? _____ Middle Name: _____

Street Address: _____ Apt? _____

City, Zip _____

Telephone:
(Home) _____ (Work) _____

(Cell) _____ (Fax) _____

Place of Work: _____

Email?: _____ Web Site? _____

Date of Birth: _____

Anniversary?: _____

Have you been Baptized? _____ Date (If possible) _____

Previous Church Background? _____

Vocation: _____

Family Info:

Spouse Name?: _____ DOB: _____

Children? _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Comments:

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Hobbies, Interests: _____

Areas of Interest to me are: _____

What I would like to see continue (or expand) at St. Mark's:

What I feel could be better explained (or stopped:
