

CHRIST OUR SAVIOR LUTHERAN CHURCH

14175 Farmington Rd.
Livonia, Michigan 48154

Missouri Synod

734-522-6830
www.christsaviorsavior.org

APPLICATION FOR MEMBERSHIP

Full Legal Name:		Last	First	Middle
Address:		Street	City	Zip
Home Phone			Work Phone (If able to receive calls)	
E-mail Address (If able to receive e-mail)			Fax Number (If able to receive faxes)	
Occupation			Place of Employment	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Shift Worked:	
Educational Background:				
<input type="checkbox"/> H.S. <input type="checkbox"/> Some College <input type="checkbox"/> A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> M.B.A. <input type="checkbox"/> Ph. D. <input type="checkbox"/> Other:				
Date of Birth:		month	day	year
		/	/	
City and State of Birth				
Father's Name:		Last	First	
Mother's Name:		Last (Maiden)	First	
Date of Baptism		month	day	year
		/	/	
Performed By				
Church where Baptized:		Name	City	State
Date of Confirmation		month	day	year
		/	/	
Performed By				
Church where Confirmed:		Name	City	State
Name of last Church Membership/or attended (Please give denomination)				
Past Church work involvement (if any)				
Are you a member of any lodge or secret organization? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please name)				
Friends or Relatives you know at C.O.S. (State relationship)				
Hobbies or Interests				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Engaged				
Date of Marriage		month	day	year
		/	/	
Performed By (If by a minister, please give denomination)				
Marriage Performed at:		Name	City	State
Full name of your husband/wife		Last (Maiden)	First	Middle

INFORMATION REGARDING YOUR CHILDREN

Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State

Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State

Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State

Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State

Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State

PROFILE OF DISCIPLESHIP

My desire, by God' s Spirit, is to grow towards discipleship as a member of Christ Our Savior Lutheran Church. I will strive...

1. To possess a growing relationship with Jesus as Lord and Savior.
2. To Worship in the fellowship reguarly and take Holy Communion often.
3. To participate in Sunday School or Bible Class on a regular basis.
4. To give to the Lord proportionately as the Lord has blessed me, guided by the Biblical principle of tithing.
5. To minister to others through the use of my Spiritual Gifts.
6. To become involved in a small group.

Date of Application

Signature of Applicant