CROSS OF CHRIST LUTHERAN CHURCH
3204 Hixson Pike
Chattanooga, Tennessee 37415
423-877-7447

Family Name_____

Date Received _____

Offering Envelope No. _____

Membership Record Form

Family Email Address: _____ **Preferred Communication** Call/Text/Email

Home Phone: _____ (Ok to list in directory? yes/no)
Mailing Address:

_____

_____

Full Name: _____
(Head of Household)
Personal Salutation: Mr./Mrs./Ms./Dr./Rev.

Birthdate: _____/_____/_____

Wedding Date: _____/_____/_____

Cell Phone: _____

Email Address: _____

Former Church : _____
Baptized: yes/no___ _Date:_____/_____/_____
Confirmed: yes/no_Date:_____/_____/_____

Military Status: _____

Present Church Activities Involved With:
_____
_____
_____

Skills and Talents: _____
_____
_____

Full Name: _____
(Spouse)
Personal Salutation: Mr./Mrs./Ms./Dr./Rev.

Birthdate: _____/_____/_____

Cell Phone: _____

Email Address: _____

Former Church : _____
Baptized: yes/no___ _Date:_____/_____/_____
Confirmed: yes/no_ Date:_____/_____/_____

Military Status: _____

Present Church Activities Involved With:
_____
_____
_____

Skills and Talents: _____
_____
_____

Children	Birthday		Baptized	Confirmed	At Home?	GRADE
_____	_____/____/_____	Date:	___/___/___	___/___/___	_____	_____
_____	_____/____/_____	Date:	___/___/___	___/___/___	_____	_____
_____	_____/____/_____	Date:	___/___/___	___/___/___	_____	_____
_____	_____/____/_____	Date:	___/___/___	___/___/___	_____	_____
_____	_____/____/_____	Date:	___/___/___	___/___/___	_____	_____
_____	_____/____/_____	Date:	___/___/___	___/___/___	_____	_____