



Lutheran Church of the Palms  
 2250 Nebraska Avenue  
 Palm Harbor Florida 34683  
 727.784.4119  
 www.LutheranChurchOfThePalms.org

## New Member Registration Form

▪ About you, and if applicable, your spouse:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Spouse:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Wedding Anniversary Date: \_\_\_\_\_

▪ Please list dependent children living with you:

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

▪ Contact Information:

Home Address: \_\_\_\_\_  
 Street City, State Zip Code

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Email: \_\_\_\_\_ Phone: \_\_\_\_\_

▪ Congregation transferring from: \_\_\_\_\_

▪ Emergency Contact Information: \_\_\_\_\_

Name

Phone

Please fill out the other side →

▪ **Background** (Please let us know a little more about you.)

▪ **Your Gifts**

What are your gifts? How would you like to serve our Lord at Lutheran Church of the Palms?

▪ **Check the ministries you might be interested in:**

- Acolyte
- Altar Guild
- Assisting Minister
- Buildings Openers / Closers
- Choir
- Hospitality
- Men in Action
- Readers
- Sewing Group
- Social Concerns Committee
- Stewardship Committee
- Sunday Offering Counters
- Transportation
- Ushers
- Other: \_\_\_\_\_