

Lutheran Church of Our Saviour

CHURCH: 888 Rockaway Ave, Valley Stream, NY 11581

TEL: [\(516\) 825-5453](tel:5168255453)

MEMBERSHIP FORM

Full Name: _____

Home Address: _____

Home Phone: _____

Mobile Phone: _____

E-Mail Address: _____

Birth Day: Date/ Month _____

Date of Baptism: _____

Date of Confirmation: _____

Previous Church Membership: _____

Family Member details _____

Signature

Date

Pastor's Notes.