



Date _____

WELCOME to Good Shepherd as you join in partnership with us! Often, it is through the church community that strong friendships develop and we are anxious to get to know you and help you feel at home. To help begin this process, please fill out the following as completely as possible. Thank you, and again, we are glad to have you partner with us.

Your Information:

Name

Date of Birth

Mailing Address (Street)

Mailing Address (City, State, Zip)

Email Address

Home Phone

Employer

Work Phone

Former Church Name (if applicable)

Former Church (Street)

Former Church (City, State, Zip)

Spouse Information (if applicable):

Name

Date of Birth

Mailing Address (Street)

Mailing Address (City, State, Zip)

Email Address

Home Phone

Employer

Work Phone

Former Church Name (if applicable)

Former Church (Street)

Former Church (City, State, Zip)

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For office use:

Date Transfer Requested _____

New Member Sponsor Is: _____

Envelope Number _____

Copy to New Member Team _____

Children joining with you (if applicable):

Name _____

Date of Birth _____

Grade _____

Name _____

Date of Birth _____

Grade _____

Name _____

Date of Birth _____

Grade _____

Name _____

Date of Birth _____

Grade _____

Help us find a sponsors for you:
People you know at Good Shepherd

Relatives you have at Good Shepherd:

Please return this form to the church office

Hand deliver to the church office

Fax: 255-3644

Mail:
Good Shepherd Lutheran Church
106 Osage Ave
Bismarck, ND 58501