



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 (including prior and/or maiden name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address (Street)

\_\_\_\_\_  
Mailing Address (City, State, Zip)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Primary Phone Circle one: Cell or Land line

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Former Church Name (if applicable)

\_\_\_\_\_  
Former Church (Street)

\_\_\_\_\_  
Former Church (City, State, Zip)

**Spouse Information (if applicable):**

\_\_\_\_\_  
Name (including prior and/or maiden name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address (Street)

\_\_\_\_\_  
Mailing Address (City, State, Zip)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
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

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Relatives you have at Good Shepherd:

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**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