

Application for Membership

Zion Lutheran Church
1301 N. State Street
Litchfield, IL 62056
217-324-2033



1) Full Name _____

2) Address _____ City & State _____

3) Telephone _____

4) Date of Birth _____ Place of Birth (City/State) _____

5) Baptism Date _____ Name of Church _____

City/State _____

6) Confirmation Date _____ Name of Church _____

City/State _____

7) Church where membership was last held _____

City/State _____

8) If married - full name of spouse _____

Wedding Date _____ Where (City/State) _____

9) Names of Children: Date of Birth Baptized? Confirmed?

10) In applying for membership in this church I again confirm and confess my faith in my Lord and Savior, Jesus Christ. Through my membership, I seek to attain a closer relationship with Christ Jesus through diligent use of the sacrament of Holy Communion and regular attendance of worship services.

Likewise, I will do all within my power to show my love for Jesus by living my faith in daily life, by Christian service in church activities, and by supporting the church with a proportionate share of my income. I will, therefore, give as God has prospered me, weekly and regularly, through the use of church envelopes, for which I herewith apply.

Signature _____

{ Office Use - Pastor _____ Date _____ }