

Trinity Lutheran Church
Frankfort, MI

MEMBERSHIP PROFILE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone – HOME: (____) - ____ - ____ MOBILE: (____) - ____ - ____

Birth Date: _____

Birth Place: _____

Parent's Names: _____

Previous Church Relationship (If Recent): _____

Previous Church Involvements: _____

Date Married: _____ Place: _____

Children's Names: _____

Occupation: _____