

# Membership Form

Faith Lutheran Church  
PO Box 245  
Balsam Lake, WI 54810

## Adult

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ City / State \_\_\_\_\_

Baptized  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Confirmed  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Marriage Date \_\_\_\_\_

Membership Type Desired (please see definition below)  Full Member  Associate Member

## Adult

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ City / State \_\_\_\_\_

Baptized  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Confirmed  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Marriage Date \_\_\_\_\_

Membership Type Desired (please see definition below)  Full Member  Associate Member

**Full Members** of the church are baptized and confirmed members or those baptized as adults. Full members have voting rights and the privilege of voice and vote at every regular and special meeting of the congregation.

**Associate Members** are those wishing to retain membership in another congregation, but wish to participate in the life and mission of this congregation. They have all the privileges and duties of membership except voting rights and eligibility for elected offices of this congregation.

According to the Constitution of Faith Lutheran Church, Balsam lake Wisconsin of the Evangelical Lutheran Church in America, Chapter 8 Section C8.04. It shall be the privilege and duty of members of this congregation to:

- A. Make regular use of the means of grace, both Word and sacraments;
- B. Live a Christian life in accordance with the Word of God and the teachings of the Lutheran church; and
- C. Support the work of this congregation, the synod, and the churchwide organization of the Evangelical Lutheran Church in America through contributions of their time, abilities, and financial support as Biblical stewards.

# Membership Form

Faith Lutheran Church  
PO Box 245  
Balsam Lake, WI 54810

## CHILD

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address (if different from parent / guardian) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (if different from parent / guardian) \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ City / State \_\_\_\_\_

Baptized  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Confirmed  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Grade in School (if applicable) \_\_\_\_\_

Membership Type Desired (please see definition)  Full Member  Associate Member

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## CHILD

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address (if different from parent / guardian) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (if different from parent / guardian) \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ City / State \_\_\_\_\_

Baptized  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Confirmed  Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

Grade in School (if applicable) \_\_\_\_\_

Membership Type Desired (please see definition)  Full Member  Associate Member

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name

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Previous Church \_\_\_\_\_

Address \_\_\_\_\_

Last Attended \_\_\_\_\_

## MISSION STATEMENT of Faith Evangelical Lutheran Church

Faith Evangelical Lutheran Church seeks to help others experience the JOY of Jesus Christ by knowing, sharing, and multiplying Christ in the lives of others.