



# Calvary Lutheran Church of Golden Valley

7520 Golden Valley Road, Golden Valley, MN 55427  
Phone 763-545-5659 ~ FAX 763-545-6953  
www.calvary.org

For Staff Use	
B	___ A/B ___
T	___
___	Publish
___	Non-Publish

## Member Information

**Family Last Name(s)** \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Home e-mail \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

**1. Name: (Full Name)** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Married: Yes No Date: \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_ Where: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

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

**Joining Calvary? Yes No**  Currently a Member at Calvary

Last Church Membership (Church Name) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Denomination/Synod \_\_\_\_\_

**2. Name: (Full Name)** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Married: Yes No Date: \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_ Where: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

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

**Joining Calvary? Yes No**  Currently a Member at Calvary

Last Church Membership (Church Name) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Denomination/Synod \_\_\_\_\_

*Please complete reverse side if you have children*

## Children Living at Home

*Children 18 years and older joining Calvary  
are requested to complete a separate Member Information Form.*

**Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_

Where? \_\_\_\_\_

Joining Calvary? Yes No

**Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_

Where? \_\_\_\_\_

Joining Calvary? Yes No

**Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_

Where? \_\_\_\_\_

Joining Calvary? Yes No

**Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_

Where? \_\_\_\_\_

Joining Calvary? Yes No

**Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Yes No Date: \_\_\_\_\_

Where? \_\_\_\_\_

Joining Calvary? Yes No