

APPLICATION FOR MEMBERSHIP

HOPE LUTHERAN CHURCH 46 DARE RD SELDEN, NEW YORK 11784
(631) 732-2511 Fax: (631) 732-8369 office@hopeluth.com

HHd #: _____
Date entered: _____
Env # _____

Individual Application

Family Application

Today's Date _____

Date Received as Member _____

FAMILY NAME _____

E-mail address _____

ADDRESS _____ PHONE _____

In the service of **Affirmation of Baptism**, members are asked this question: Do you intend to continue in the covenant God made with you in Holy Baptism:

To live among God's faithful people, to hear his Word and share in his supper, to proclaim the good news of God in Christ through word and deed, to serve all people, following the example of our Lord Jesus, and to strive for justice and peace in all the earth?

I/we hereby apply for membership in **Hope Lutheran Church** understanding the duties of all members of Hope are:

1. To make regular use of the means of grace, both Word and Sacraments.
2. To live a Christian life in accordance with the Word of God and the teachings of the Lutheran Church.
3. To support the work of this congregation and the *Evangelical Lutheran Church in America* through contributions of my time, abilities, and financial support as a biblical steward.

First Name <i>(include maiden name, if married)</i>	Relation H,W,S,D	By	Date/Place of Birth	Date/Place of Baptism	Date/Place of First Holy Communion	Date/Place of Confirmation	Date/Place of Marriage

To assist us with record-keeping please indicate the name and address of the Church you most recently belonged to:

Please indicate in the "By" column (above) if a family member is *not* becoming a member of Hope.