

Information for Hope Lutheran Church Roster



Family Last Name: _____

First Name: _____

Children: _____

Are You: Check box Member
 Associate Member
 Friend
 Visitor

Household Telephone# : _____

Cell #: _____

Cell #: _____

House Email: _____

Personal Email: _____

Personal Email: _____

Business Email: _____

Would you like to continue receiving monthly Newsletter by Mail? Yes or No

Or... Would you like to receive monthly Newsletter by E-Mail? Yes or No

Mailing Address: _____

Local Address if Different: _____

If Seasonal: What is your arrival date and departure date: _____

We use this date to change your mailing address.

Anniversary Date: _____

Birthday: _____ Birthday: _____

Baptism date: _____ Baptism date: _____

Confirmation date: _____ Confirmation date: _____

Emergency Contact Person:

Telephone Number: _____

We are in the process of updating our computer software and we would like to verify the information above. If you have any questions about this form please do not hesitate to contact the office (239) 992-6952.

