



CALVARY BY THE SEA LUTHERAN CHURCH

5339 Kalaniana'ole Highway • Honolulu, Hawaii 96821 • 377-5477 • FAX 373-7233

Application for Church Membership

(Husband and Wife must fill out separate forms)

Date: _____

Full Name: _____
First Middle Last

Address: _____
Street City Zip Code

Telephone: _____
Home Business Cell Email address

Date of Birth: _____ Place of Birth _____ Have you been Baptized? Yes / No

Place of Employment: _____ Occupation: _____

Joining Calvary by: Affirmation Baptism Transfer
Date to join Church _____

If by Transfer from another Lutheran Church:

Church Name: _____ Name of Pastor: _____

Address (include City, State, Zip): _____

Marital Status: Single Married Divorced Widow(er)

Name of Spouse: _____
First Middle Last

Children: _____

Name	Birthday	Place	Baptized (yes/no)	Confirmed (yes/no)	Married (yes/no)	Joining (yes/no)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I would like to serve Calvary in the following ways: _____

In Case of Emergency Contact:

Name: _____ Relationship: _____ Phone Number: () _____