



2117 Commerce Blvd. Mound, MN 55364
952-472-2779

APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

E-Mail Address _____

I am currently a member of another church. Yes ___ No ___ if yes, please give name and address of the church, and reason/s for leaving.

Marital Status

If married, name of spouse _____

Children, Yes ___ No ___, if yes, names and ages: _____

