



Request for Membership

Full Name _____

Address _____

City/State/Zip _____

Phone & email _____

Birth date & place _____

Baptized date & place _____

Confirmed date & place _____

Membership Type

Please circle Associate or Full

Associate Member

Available to those who maintain a current membership with another congregation

Name & location of where you are a full member:

Full Member

by transfer (with letter of transfer)
from: (church name & location)

by affirmation of faith during the
new member presentation to the congregation

Child(ren)'s name(s), birth date & city, baptism date & place *(only if also joining & not yet confirmed)*

Signature of Applicant _____ Date _____

Mindekirken—the Norwegian Lutheran Memorial Church

924 E 21st St, Minneapolis, MN 55404-2952

612-874-0716 www.mindekirken.org office@mindekirken.org

Office Use

Letter mailed:

Installation Date: _____