

# Bethany Lutheran Church

## Individual Demographic Profile

	Head of Household	Spouse	Child
Title (Circle one)	Mr. Mrs. Ms Miss Dr. Rev.		
Last Name		E-mail address	
First Name			
Member Status	Active Inactive Responsibility		
Member Status Detail	Member Child Guest Prospect Deceased Former Transferred		
Member Type	Baptized Confirmed Voting	Join Date	
Gender	Male Female	How Joined	Baptized Confirmed Transfer In Affirmation of Faith
Date of Birth		Baptism Date	
Street Address/Box #		Confirm Date	
Town		Marital Status	
Postal Code	- - UL	Wedding Date	
Home Phone	- - UL		
Work Phone	- -		
Cell Phone	- -		

Please contact Carrie Koster to return this sheet by leaving it in church mailbox (E & C Koster)  
 or  
 Email: [carebear@cciwireless.ca](mailto:carebear@cciwireless.ca)  
 If you any questions please email or phone Carrie at 403-318-6066.