



**Holstein United Methodist Church**  
208 S. Kiel Street  
P.O. Box 97  
712-368-2678  
[www.holsteinmethodist.com](http://www.holsteinmethodist.com)

## REQUESTING MEMBERSHIP

Name (first, middle,last): \_\_\_\_\_

Male

Female

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Place of Baptism (Church, City, St.): \_\_\_\_\_

Church membership (Church, City, St.): \_\_\_\_\_

Place of Confirmation (Church, City, St.): \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

Marital status: \_\_\_\_\_

If married, spouse name: If married, date of marriage: \_\_\_\_\_

Child's name & age (first, middle,last, age): \_\_\_\_\_

Child's name & age (first, middle,last, age): \_\_\_\_\_

Who else lives in your home: \_\_\_\_\_

Special skills, interests: \_\_\_\_\_

Ways you would like to become involved:  
\_\_\_\_\_  
\_\_\_\_\_

Membership Level Requesting:

- Full Membership**
- Affiliate Membership**
- Associate Membership**