



Covenant of Mission Partnership

316 W. 156th Street
Westfield, IN 46074
(317) 896-1402



We, the people of New Joy Lutheran Church ELCA, give thanks to be a community of believers called together by God in the name of Jesus Christ. Because God first loves us we strive, as individuals and as a community, to:

- WORSHIP** regularly so as to glorify the God who creates and sustains all that we are for the goodness of the universe. (Deuteronomy 10:12-22)
- GROW** in wisdom and knowledge of God's Word and will for our lives and the world. (Colossians 1:9-14)
- PRAY** daily so as to keep God at the center of our daily living and to be reminded of God's presence among us at all times. (Romans 12:12)
- SHARE** the financial gifts that we have first been given to support God's mission and activity in the life of the Church and in the world. (2Corin 9:6-8)
- GIVE** of our time and abilities, knowing that God works through each of us to accomplish the work of the Kingdom that is to come. (Ephesians 4:11-13)
- TELL** others about God—Father, Son and Holy Spirit— whom we confess, inviting all people to hear the Good News. (Matthew 28:16-20)

We pledge to participate in and to faithfully support the life of New Joy Lutheran Church so that we may reach out to each other, to our community and to the world with the love we know in Jesus Christ.

NAME: _____ DATE OF BIRTH: _____
(First) (Middle) (Last) (Month/Day/Year)

ADDRESS: _____
(Street #) (City) (State) (Zip)

SUBDIVISION: _____ E-MAIL ADDRESS: _____
(If applicable)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
 Please do **NOT** list in the Church Directory: *E-mail / Phone# / Cell#* GENDER: Male / Female
(Circle those that apply) (Circle One)

MARITAL STATUS: _____ SPOUSE: _____ ANNIVERSARY: _____
(Month/Day/Year)

RACE & ETHNIC ORIGIN: (Circle One)
African American Amer.Indian Arab/Middle Eastern Asian/Pacific Islander Latino/Hispanic Multiracial Caucasian Other

OCCUPATION/TITLE: _____ EMPLOYER: _____

ARE YOU BAPTIZED? [Yes / No] If yes: _____
(Congregation Name) (City/State) (Month/Day/Year)

ARE YOU CONFIRMED? [Yes / No] If yes: _____
(Congregation Name) (City/State) (Month/Day/Year)

LAST MAINTAINED MEMBERSHIP AT: _____
(Congregation Name) (City/State)

PLEASE INDICATE HOW YOU WILL BE RECEIVED INTO MEMBERSHIP AT New Joy Lutheran Church:

- BAPTISM - being welcomed into the body of Christ, the Church, by water, word and Spirit
- CONFIRMATION/AFFIRMATION - after instruction in Christian faith and traditions of the Lutheran Church
- TRANSFER - implies having your membership transferred from another congregation of which you are a member
 - from ELCA Lutheran Congregation
 - from other Lutheran Congregation
 - from non-Lutheran Congregation

(Please complete other side)

How did you learn about New Joy Lutheran Church? _____

Why did you come back to New Joy after your first visit? _____

Top 3 Spiritual Gifts from the Spiritual Giftability Profile (optional):

RECORD OF CHILDREN

If children or dependants will be joining the congregation with you, please fill out the following information.
(More Children, please request a second form)

FULL NAME: _____ SCHOOL GRADE: _____ SCHOOL: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ PLACE: _____
(Month/Day/Year) (City / State)

DATE OF BAPTISM: _____ PLACE: _____
(Month/Day/Year) (Congregation Name) (City, State)

DATE OF CONFIRMATION: _____ PLACE: _____
(Month/Day/Year) (Congregation Name) (City/State)

RACE & ETHNIC ORIGIN: African American Amer.Indian Arab/Middle Eastern Asian/Pacific Islander Latino/Hispanic Multiracial Caucasian Other

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I hereby request to be a member and Partner in Mission at New Joy Lutheran Church, intending to make full use of the privileges of such a partnership and working by God's Grace to live out the calling of this community of faith.

Signature

Date