



Membership Request (one per household)

_____ I accept and will adhere to the Lutheran CORE Constitution, and agree with the goals and principles of Lutheran CORE.

Please check one:

_____ Layperson _____ AIM _____ Active Pastor
_____ Retired Pastor _____ Seminarian _____ Bishop

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email address:* _____

Phone: (Home) _____ (Office) _____ (Cell) _____

Home Congregation: _____

City: _____ State: _____

Affiliation: _____ NALC _____ LCMC _____ ELCIC _____ LC-MS

ELCA (specify synod) _____ Other (specify) _____

Signature: _____

**By providing your email address, you agree to receive email updates and help us save on the cost of printing, paper and postage. Your information will not be shared with other organizations.*

Mail to: Lutheran CORE, 2299 Palmer Drive, Suite 220, New Brighton, MN 55112-2202

Fax to: 651-633-4260

Questions: 888-551-7254