

This box for use of CDC membership Committee Only:

	Date Application Received
	Date application forwarded to Membership Committee Members
	Date of decision by Membership Committee
	Date of decision and recommendation by Membership Committee to Executive Committee
	Date and action taken by CDC Executive Committee Action: _____
	Ex. Com. decision communicated to applicant
	Date pin and insignia sent

Concordia Deaconess Conference Membership Application

Name _____ Date of Birth ____ / ____ / ____
 Last First Middle

Street Address _____

City _____ State _____ ZIP _____

Home Phone	
Office Phone	
Cell Phone	
E-mail	

Where will/do you hold church membership?

Church	City	State

College(s) Attended:

Name	Location	Dates	Degree

Name	Location	Dates	Degree

Name	Location	Dates	Degree

Place of Deaconess Training _____ Date Completed _____

Internship Location _____ Dates _____

Name and City/State of place of deaconess Consecration/Commissioning

Date of Consecration/Commissioning _____

New Graduate First Placement

Church or Agency: _____

City _____ State _____ Start Date _____

Active Deaconess

Church or Agency presently serving: _____

City _____ State _____ Date Service Began _____

What do you expect to bring to Concordia Deaconess Conference?

What do you expect to receive from Concordia Deaconess Conference?

Kindly list your strengths, talents, past training, skills and interest.

Indicate two main areas of expertise

I, the undersigned, have read the Concordia Deaconess Conference Constitution and the Code of Ethics, and I hereby agree to be bound by them. I am a member of the Lutheran Church Missouri Synod and belong to no other deaconess conference or association.

I desire membership in the Concordia Deaconess Conference.

Signature _____ Date _____

Please return the completed application to:
Deaconess Heidi Bishop
101 N Spring St
Elgin, IL 60120