



**Emmanuel Lutheran Fellowship**  
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### DETAILS FORM - FRIEND

*(Please complete a separate form for each family member)*

<b>Surname:</b>	<b>Given names:</b>	<b>M / F</b>
<b>Address:</b>		
<b>Home ☎:</b>	<b>Business ☎:</b>	<b>Mobile ☎:</b>
<b>Email:</b>		
<b>Date of birth:</b>		
<b>Personal Information:</b> <i>Please use this section to indicate your potential involvement in study &amp; fellowship groups or areas where you may like to participate.</i>		
<b>Participation/Involvement:</b>		
<b>Gifts/skills:</b>		
<b>Hobbies/Interests:</b>		
<b>Other information about yourself you would like us to know:</b>		
<input type="checkbox"/> I would like to receive occasional email updates from Emmanuel.		
<input type="checkbox"/> I consent to appropriate use of photographs by ELF taken of me during church services and other church related activities. <i>Appropriate use</i> includes photos placed on our website, as part of our membership directory or in any promotional material.		
<input type="checkbox"/> I consent to my name, address, phone number/s and email address being publicised in the Emmanuel Lutheran Fellowship Directory.		
<b>Signature:</b>		<b>Date:</b>