

## Associate Membership Application

**Mission:** Thrivent Financial for Lutherans is a faith-based membership organization called to improve the quality of life of our members, their families, and their communities by providing unparalleled solutions that focus on financial security, wellness and caring for others.

**I support the mission of Thrivent Financial for Lutherans. By signing this application, I am applying for membership with Thrivent Financial for Lutherans and a Thrivent Financial for Lutherans chapter, and I certify that the information provided is true and correct.**

**Name of primary person applying for membership (print first, middle initial, and last name)**

Street (address correction requested)		E-mail address		
City		State	ZIP code	Phone
Date of birth	Soc. Sec. #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Basis for membership from page 2 (e.g. 1A)
Signature of primary applicant (age 16 or older) and date signed (mm/dd/yyyy)				

**Name of spouse applying for membership**

Date of birth	Soc. Sec. #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Basis for membership from page 2 (e.g. 1A)
Signature of spouse and date signed (mm/dd/yyyy)				

**Name of child applying for membership**

Date of birth	Soc. Sec. #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Basis for membership from page 2 (e.g. 1A)
Signature of child if age 16 or older, or parent/guardian, if youth age 0-15, and date signed (mm/dd/yyyy)				

**Name of child applying for membership**

Date of birth	Soc. Sec. #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Basis for membership from page 2 (e.g. 1A)
Signature of child if age 16 or older, or parent/guardian, if youth age 0-15, and date signed (mm/dd/yyyy)				

**Name of child applying for membership**

Date of birth	Soc. Sec. #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Basis for membership from page 2 (e.g. 1A)
Signature of child if age 16 or older, or parent/guardian, if youth age 0-15, and date signed (mm/dd/yyyy)				

Name of your local Thrivent Financial representative (if known)

- A \$10 check made out to Thrivent Financial for Lutherans for the annual membership fee is enclosed. The single \$10 fee covers all members of a household.
- A \$10 annual fee has been waived. For information, contact a Thrivent Financial representative.

Send this form with a check or money order for your membership fee to:

**Attn: Unit 1705 – Member Enrollment  
 Thrivent Financial for Lutherans  
 4321 N. Ballard Road  
 Appleton, WI 54919-0001**

**Basis for Membership** – Select one of the reasons for eligibility below. Use the number and letter code to fill in the Basis for Membership box for each applicant listed on page 1. (e.g. 1A)

**Reason 1 – I am a Lutheran.**

**1A.** I profess to be Lutheran and am a current or former member of a Lutheran congregation or the youth, age 15 or younger, is a current member of a Lutheran congregation or is being raised Lutheran.

Church name

Street address

City

State

**Reason 2 – I am a non-Lutheran who has a relationship to a Thrivent Financial member.**

**2A.** I, or the youth age 15 or younger, have a family relationship to a Lutheran Thrivent Financial member \*.

**2B.** I, or the youth age 15 or younger, have a family relationship to a non-Lutheran Thrivent Financial member \* who is currently employed by or has a current affiliation to a Lutheran organization or business as referred to in Reason 3 below.

Name of sponsoring member (print first, middle, and last name)

Date of birth

Street address

City

State

ZIP code

Family relationship to member:

- spouse     sibling     child     daughter-in-law     mother-in-law     grandparent (includes great)  
 parent     widow/widower     son-in-law     father-in-law     grandchild (includes great)

\* Or one who is currently applying for and is eligible as a Benefit or Associate member.

**Reason 3 – I am a non-Lutheran who is currently affiliated with a Lutheran organization or business.**

Name of organization or business

Street address

City

State

ZIP code

I have a relationship to a Lutheran organization or business as (check one):

- 3A.** An employee, board member, director or trustee of a Lutheran organization.
- 3B.** An employee or financial representative of Thrivent Financial for Lutherans or an employee, financial representative or director of a wholly-owned subsidiary of Thrivent Financial for Lutherans.
- 3C.** A student or parent of a student of a Lutheran educational organization.
- 3D.** A graduate of a Lutheran educational organization who has an ongoing connection to the organization by providing financial, volunteer, or other recognized assistance.
- 3E.** A resident of a Lutheran care center or Lutheran nursing home or parent of a resident.
- 3F.** The co-owner of a Lutheran business and (1) Lutheran(s) own 50% or more of the total ownership interest, (2) the business is owned by 10 or fewer individuals (3) has no publicly traded equity shares and (4) has at least one Lutheran co-owner who is a Thrivent Financial for Lutherans member or who is currently applying for membership.
- 3G.** A beneficiary of a Thrivent Financial for Lutherans annuity or life insurance contract who uses proceeds to purchase a Thrivent Financial for Lutherans insurance or annuity product or to fund a settlement option.
- 3H.** An individual who gifts a Thrivent Financial for Lutherans insurance or annuity contract to a Lutheran organization and the Lutheran organization is the owner or irrevocable beneficiary.
- 3I.** An associate member of a Lutheran congregation listed on the membership roster of the congregation.