



FIRST CONGREGATIONAL
UNITED CHURCH OF CHRIST

Membership Information Form

Full Name: _____

Pronouns: he/him she/her they/them other _____

Street Address: _____

Apt/suite/unit (if applicable): _____

City: _____ State: _____ Zip: _____

Email address: _____

Primary phone: _____ mobile home office

Secondary phone: _____ mobile home office

Date of birth: ____ / ____ / ____

Spouse/partner name (if applicable): _____

Spouse/partner pronouns: he/him she/her they/them other _____

Children names, ages, and pronouns (if applicable): _____

How will you join?

- Full membership by profession of faith (for those new to church membership)
- Full membership by letter of transfer (from another faith community)
- Full membership by affirmation of faith (for those who have lapsed membership in another church)
- Associate member (for those who hold full membership elsewhere but wish to also be active members here)
- Confirmation

Have you been baptized? (Baptism is an open, ongoing invitation for any who have never been baptized and has traditionally been a precursor to joining)

- Yes
- No, but I would like to be
- Not sure

Employment or vocation (if applicable): _____

Interests: _____

How would you like to participate at First Church? _____

You are welcome to use the space below to share any additional information you would like us to know.