**MEMBER INFORMATION FORM**



DATE: \_

To assist us in keeping accurate records, please fill in the requested information and return it to the First Christian Church office. Please Print!

NAME: \_

ADDRESS: \_

MAILING ADDRESS: \_

(If different from above)

HOME PHONE: CELL PHONE: \_

WORK PHONE: \_ EMAIL: \_

EMPLOYER: \_

MARITAL STATUS: \_

DATE OF BIRTH: WEDDING ANNIVERSARY: \_

SPOUSE’S NAME & BIRTH DATE: \_

CHILDREN’S NAME, BIRTH DATE, GRADE LEVEL: \_

\_

\_

YOUR AREAS OF INTEREST / HOBBIES: \_

Please indicate any areas of ministry you may be interested in participating in at First Christian Church:

\_

WHAT TYPE OF MEMBERSHIP WOULD YOU LIKE TO SELECT? (check one)

\_\_\_\_\_ Previous Church Membership Transfer

\_\_\_\_\_ Associate Church Membership (Dual Membership) Transfer

\_\_\_\_\_ New Church Membership (I do not wish to transfer a previous church membership)

NAME OF TRANSFER CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_

Date Joined FCC, Atchison, KS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN FORM TO THE CHURCH OFFICE or EMAIL TO **fccatch@sbcglobal.net**