



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 (Would you desire Dual Membership? No letter will be sent.)
We will send a letter to your previous church informing them of your transfer.

_____ Church Membership (I do not wish to transfer a previous church membership)

_____ Membership by Confession of Faith and Baptism

NAME OF TRANSFER CHURCH: _____

ADDRESS: _____

_____ Date Joined FCC, Atchison, KS