INDIVIDUAL & FAMILY INFORMATION

FIRST & LAST NAME OF PRIMARY CONTACT for financial information :

PREFERRED CONTACT/PHONE #

2024

ADDRESS:

CITY:

Online

ZIP:

	Primary Contact		ry Contact	Spouse/Partner		
First/MI/Last Name:						
	Maiden Na	ime:		Maiden Name:		
Birthdate:	Month	Day	Year	Month Day Year		
Gender:	Male	Female	Non-Binary	Male Female Non-Binary		
Have you been						
baptized?	Yes	No Date ((if known)	Yes No Date (if known)		
	Single	Married	Domestic Partnership	Single Married Domestic Partnership		
Marital Status:	Divorced	Widowed		Divorced Widowed		
	Marriage/	service of union d	late:	Marriage/service of union date:		
Cell phone:						
Preferred email:						
Occupation:						
Employer:						
Education:	HS Grad?	Y N Colle	ege Grad? Y N	HS Grad? Y N College Grad? Y N		

Children in your Household (If you need more room, please print on back.)								
Name	Birthdate		Living at	Grade or				
(First / MI / Last)	mo/day/yr	Gender	home?	Graduation	School			
			Y N					
			Y N					
			Y N					
			Y N					

What service do you usually attend?

Membership Application

9:30 AM

It is my desire to unite with First Congregational U.C.C. to share its faith, assume its responsibilities, and participate faithfully in its ownership and work. Please designate the manner in which you wish to join by checking one of the following:

AFFIRMATION OF FAITH – If you have not belonged to a church previously

_____ ADULT BAPTISM – If you have never been baptized.

_____REAFFIRMATION OF FAITH – If you once belonged to a church but have been inactive at least 5 years, or if you belong to a church which does not recognize a transfer of membership.

_LETTER OF TRANSFER – If you have had active membership in a church within the past 5 years.

Name and Address of Church

_____ASSOCIATE MEMBER – If your residence in Appleton is temporary and/or you wish to maintain membership in your home church while enjoying an affiliation with First Congregational U.C.C.

Biography Information for Church Bulletin

Name(s):

Children's names and ages:

Where did you/spouse/partner grow up?

Occupations and where you work:

If retired, former occupations/employment:

Hobbies and interests:

I/we moved to this area from:

I/we have lived in the area for _____(months or years).

Other organizations I/we are involved in:

INTERESTS – GIFTS

What do other people say you are good at doing?

What things do you enjoy doing so much that you lose track of time?

GIFTS:

Listening Positive thinking/optimism Encouragement Care and compassion Visiting others Discernment Public speaking	Leader Follower Organizing/Coordinating Facilitating groups Artistic/Creative Writing		
Public speaking Hospitality	Mentoring Praying		
Singing	Playing an instrument		
I speak/understand these foreign languages:	What instrument		
I like to volunteer :	I prefer working:		
Teaching:	alone		
children	with 1 or 2 other people		
youth adults	as part of a small group as part of a large group		
Working with:			
children			
youth adults			
older adults			
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * *		
NAME	PHONE		
E-MAIL ADDRESS			