

FIRST CONGREGATIONAL CHURCH OF WINTER PARK

United Church of Christ
 225 S. Interlachen Avenue, Winter Park, Florida 32789
 Phone: 407-647-2416
 Website: www.fccwp.org
 E-mail: mtaylor@fccwp.org

TO BE FILLED IN BY OFFICE

MEMBERSHIP DATE:

DATABASE: NETWORK: PICTURE: CARD FILE: OFFERING ENVELOPE: **MEMBER PROFILE**

NAME: _____ BIRTHDATE: _____

Title	First	Middle	Last	Nickname	ANNIVERSARY:
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SPOUSE PARTNER Name: _____**ADDRESS:**

Street	City	State	Zip+4
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HOME PHONE: _____ Do Do Not List in Membership DirectoryWORK PHONE: _____ Do Do Not List in Membership DirectoryCELL PHONE: _____ Do Do Not List in Membership DirectoryHOME E-Mail: _____ Do Do Not List in Membership DirectoryWORK E-Mail: _____ Do Do Not List in Membership Directory**OCCUPATION:****EMPLOYER:****EMERGENCY CONTACT:**

Name	Relationship
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Address	Phone
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MEMBERSHIP: Regular Membership Associate MembershipJOINING BY: *LETTER OF TRANSFER REAFFIRMATION OF FAITH CONFESSION OF FAITH**If joining by Letter of Transfer, please complete the following.*** Name of Former Church:*** Address of Former Church:*

Street	City	State	Zip
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*** SERVICE IN, OR POSITIONS HELD, AT FORMER CHURCH:**HAVE YOU BEEN BAPTIZED? Yes NoHAVE YOU BEEN CONFIRMED? Yes NoAre you fluent in a foreign language? Yes No

If yes, what language(s)?

HOW DID YOU LEARN ABOUT THIS CHURCH?

FAMILY ATTEND HERE [NAME]?

FRIEND ATTEND HERE [NAME]?

CHILDREN RESIDING AT HOME:

NAME: BIRTHDATE: BAPTIZED WHERE:

CONFIRMED CONFIRMATION DATE: CURRENT GRADE:

NAME: BIRTHDATE: BAPTIZED WHERE:

CONFIRMED CONFIRMATION DATE: CURRENT GRADE:

NAME: BIRTHDATE: BAPTIZED WHERE:

CONFIRMED CONFIRMATION DATE: CURRENT GRADE:

How do you want to be introduced on New Member Sunday?

Birthplace: Raised: Religious Background:

Occupation (If retired, from what occupation):

Employer:

Married Partner

Children:

College Attended and Other Information:

Special Interest and/or hobbies:

YOUR COMMENTS ARE APPRECIATED, IF WE HAVE MISSED ANY AREA OF INTEREST OR CONCERN OF YOURS, PLEASE LET US KNOW

Please identify all areas where you will enjoy serving and sharing.

Youth (must be a member for 6 months)

Church Office

Buildings & Grounds Fundraising

Events

Board of Membership

Board of Education and Fellowship

Caring Cooks (Hospitality Ministry)

FCCWP Women Come Alive!

Music (Choir, Bells)

Prayer Shawl Ministry

Spirit Keepers FCCWP Men's Group

Flower Guild (no prior experience required)

Board of Trustees

Board of Outreach and Social Justice

Diaconate

Lil Dab Outreach

Depending on the area of interest, participation could be on a regular or occasional basis. Your profile and Ministry Menu will be kept on file in the church office. You will be contacted as opportunities become available or on an "as needed" basis.

The weekly email newsletter is sent out each Friday morning. If you are not receiving it, please email mtaylor@fccwp.org.

By completing this form you grant to FCCWP, its representatives and employees the right to take and publish photographs of me in connection with church activities. These photos may be used with or without my name for any lawful purpose such as publicity, illustration, advertising, and Web content.