



# *First Congregational United Church of Christ*

101 State Street, Charlevoix - Michigan - 49720 \* (231) 547-9122  
office@chxucc.org

## **New Participant Form**

At First Congregational Church we are delighted that you have made the decision to become a participant of our congregation. Please complete the form below to further aid us in ministering to you .

### **Personal Information** (Please print)

Date:

Family surname:

Name:

Name you prefer to be called:

Address:

Phone #:

Cell phone #:

Secondary address:

Secondary phone#:

Dates at secondary location:

Email:

What/Who was your first contact with First Congregational:

Previous church attended:

### **Office Use Only**

Date participant was received into congregation:

Letter of Transfer received:

Clerk recorded membership:

Birthdates added:

Notes:

### **CMS**

Date codes entered:

Non. Steward:

Stewardship:

HL:

Membership Status:

Part. Status:

## Individual Family Member Information (Please print)

Please fill out the below information as completely as possible.

Use a separate form for each member of the family living within the home.

Birth date:

Anniversary date: (if applicable):

Hobbies/interests:

Previous church involvement:

Any area of the church you would like to be involved in again:

Any areas of the church you don't desire to be involved with:

Anything of special interest you would like to tell us about yourself:

Are you in need of any special ministry if yes, please explain:

Type of Membership (circle one)

- ◆ Baptism & Confession of Faith
- ◆ Reaffirmation of Faith
- ◆ Letter of transfer from other Christian churches