

**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](http://www.fccwp.org)  
 E-mail: [msearl@fccwp.org](mailto:msearl@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 (Confidential) mm/dd/yy

**SPOUSE**  **PARTNER**  **Name:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 Street City State Zip+4

**HOME PHONE:** \_\_\_\_\_ **Do**  **Do Not**  List in Membership Directory

**WORK PHONE:** \_\_\_\_\_ **Do**  **Do Not**  List in Membership Directory

**CELL PHONE:** \_\_\_\_\_ **Do**  **Do Not**  List in Membership Directory

**HOME E-Mail:** \_\_\_\_\_ **Do**  **Do Not**  List in Membership Directory

**WORK E-Mail:** \_\_\_\_\_ **Do**  **Do Not**  List in Membership Directory

**OCCUPATION:** \_\_\_\_\_**EMPLOYER:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
 Name Relationship

\_\_\_\_\_ Address Phone

**MEMBERSHIP:**  Regular Membership  Associate Membership

**JOINING 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

**\* SERVICE IN, OR POSITIONS HELD, AT FORMER CHURCH:** \_\_\_\_\_

**HAVE YOU BEEN BAPTIZED?**  Yes  No

**HAVE YOU BEEN CONFIRMED?**  Yes  No

**Are 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 Christian Education
- Preschool Board
- Health & Wholeness Committee
- Music (Choir, Bells)
- Prayer Shawl Ministry
- Jeremiah Project
- 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 [msearl@fccwp.org](mailto:msearl@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.*