



Contact Information

Name _____
Address _____ City/State _____ Zip _____
Email Address _____
Home phone (____) _____ Cell phone _____
Birthday ____/____/____ Profession _____
Names of relatives in our congregation _____

Are you transferring from another church? _____ If so, please list church and address

Family Information (if applicable)

Partner's Name _____
Wedding/Covenant Anniversary ____/____/____ Partner's Birthday ____/____/____
Child's Name _____
Child's Birthday ____/____/____ Child's Grade _____
Child's Name _____
Child's Birthday ____/____/____ Child's Grade _____
Child's Name _____
Child's Birthday ____/____/____ Child's Grade _____

Areas of Interest

Please call me if there is an opportunity to serve with a specific need. Yes No

Please email me if there is an opportunity to serve with a specific need. Yes No

I would like to be in a weekly small group gathering. Yes No

I would like to be in a monthly small group gathering. Yes No

I would like to be in a monthly dining-out group. Yes No

I like working with groups of children. Yes No

I like to organize things. Yes No

I am interested in making music. Yes No

I know how to pray. (Trick question!) Yes No

My partner and family are interested in being involved at EUCC. Yes No

Please use the space below to list any other ways you'd like to be involved at EUCC.