

First Christian Church (Disciples of Christ)  
800 Beech Street, Elizabeth City, NC 27909  
(252) 338-6506

Please complete this form so we can update our information.

**Today's Date:** \_\_\_/\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member of First Christian Church, EC: Yes \_\_\_ No \_\_\_

Date You Joined First Christian Church, EC: \_\_\_/\_\_\_/\_\_\_\_\_

Did you join by: Baptism \_\_\_ Transfer of Membership \_\_\_

If not a member, would you like to become a member of FCC: Yes \_\_\_ No \_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow/Widower

Spouse's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member of First Christian Church, EC: Yes \_\_\_ No \_\_\_

Date You Joined First Christian Church, EC: \_\_\_\_\_

Did you join by: Baptism \_\_\_ Transfer of Membership \_\_\_

If not a member, would you like to become a member of FCC: Yes \_\_\_ No \_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home (Ground Line) Phone: \_\_\_\_\_

Wedding Anniversary Date \_\_\_/\_\_\_/\_\_\_\_\_

**(Over)**

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Children: (Please list all children)

Full Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Baptism: \_\_\_/\_\_\_/\_\_\_ Member? Y N

Full Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Baptism: \_\_\_/\_\_\_/\_\_\_ Member? Y N

Full Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Baptism: \_\_\_/\_\_\_/\_\_\_ Member? Y N

Full Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Baptism: \_\_\_/\_\_\_/\_\_\_ Member? Y N

Do you currently receive our newsletter: Yes\_\_\_ No\_\_\_

If no, would you like to receive the newsletter: Yes\_\_\_ No\_\_\_

If yes, do you want to continue to receive our newsletter: Yes\_\_\_ No\_\_\_

Are you currently involved in a church committee? Yes\_\_\_ No\_\_\_

If not, would you be interested in participating in one? Yes\_\_\_ No\_\_\_

Please circle one or more of the following committees you might be interested in serving (*The committee chair will contact you.*):

- |                      |   |
|----------------------|---|
| Education Committee  | ( <i>Children &amp; Sunday School</i> )                             |
| Membership Committee | ( <i>Enrollment, Friends &amp; Family Events, etc.</i> )            |
| Outreach Committee   | ( <i>Community Ministry &amp; Volunteerism</i> )                    |
| Property Committee   | ( <i>General Maintenance and Repair of Building</i> )               |
| Worship Committee    | ( <i>Organization and Planning of Weekly Worship &amp; Events</i> ) |
| Other Suggestion:    | _____   |

We thank you for the time to fill this form out for us. We will be revising our member information to better serve our church family. If any of this information changes, please feel free to contact the church office: [office@fcec.org](mailto:office@fcec.org), 252-338-6506, 800 Beech Street, Elizabeth City, NC, 27909. Please do not put your private information on any social media account. If you need help or have questions you may also contact the church office for assistance. Thank you!

For Office Use – Recorded: \_\_\_/\_\_\_/\_\_\_ Initial: \_\_\_\_\_  
Revised 07/2024

Referred to for Further Contact: \_\_\_\_\_  
Reason: \_\_\_\_\_