First Congregational United Church of Christ

Send Mail to: PO Box 3211 Asheville, NC 28802 (828) 252-8729

www.uccasheville.org

WELCOME! We are pleased that you have expressed interest in joining First Congregational. To help us help you to quickly become "part of the family," please fill out this simple questionnaire and return it at your earliest convenience.

Full Name:		Called by nickname		Date of Birth	
Family Members and R		Joini Yes	ng? No	Dates of Births	
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
Street Address					
City:	State	Zip:			
Mailing address (if diff	erent)				
Additional address (if y	you live elsewhere duri	ing part of the year))		
Home Phone:	Cel	ll Phone:			
Work Phone:					
e-mail addresses					
Work Status (full-time,	, part-time, retired)				
Occupation/Passion					
Employer					
Previous church					
If you plan to join FCU	JCC by letter of transfe	er, please give us the	e complete m	ailing address of the church fro	
which you are transf	ferring				
Rev Joe Hoffman	Gary Mitchell		la Adams		

Ministry Coordinator

Administrative Assistant

Pastor

Minister of Music and Arts

Emergency contact	relationship	Phone#	
Do you have any special needs that	we should be aware of?		
Please provide a brief biographic skare from, church background, family brief biography for the announceme <i>ministry@uccasheville.org</i> . If you well.	y information. This information nts bulletin. <i>If possible, please</i>	n will be used for your intro email this form or email yo	oduction and in a our bio to
For Office Use Only: Date joined:			