



**CHARLOTTE FAGAN
COMMUNITY CHURCH**

**CHURCH MEMBERSHIP
Gather * Grow * Go**

Date _____

I/WE wish to join CHARLOTTE FAGAN COMMUNITY CHURCH and support it with my (our) presence, gifts, and service.

Please list the members of your household that you would like to include. All info is optional.

Your Last Name First

Your Spouse's last Name First

Children or other Family Members

Last Name First Name

Last Name First Name

Last Name First Name

Last Name First Name

Last Name First Name

Last Name First Name

Home Address

City State Zip Code

Your email address

Your spouse's email

Phone numbers (land line)

Your cell phone nbr Text ok?

Your spouse's cell phone nbr Text ok?

Where do you look for church information (please mark or check all that you use)

- | | | | | |
|--------------------|-------|-----------------|-----------------|----------|
| Website | email | Church mailings | Sunday bulletin | text msg |
| Monthly Newsletter | | Facebook | | |