



**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:

*Required Info

* Your Last Name _____ * First _____

Your Spouse's Last Name _____ First _____

Children or other family members:

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

*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 check all that you use)

___ Website ___ email ___ Church mailings ___ Sunday Bulletin ___ Text msg

___ Monthly Newsletter ___ Facebook