First Christian Church (Disciples of Christ)

Official Membership Record

Please place in the offering, turn into the church office, or mail to 520 CY Avenue, Casper, WY 82601.

Email: fcccasper@gmail.com

Text

Name(s):

Text Date Joining: Text By Means of: First time confessional of Faith (Date of Baptism: Text Renewal of Faith Text Text Text Text Text (Please include name of congregation, denomination, city and state, and address if known.) Family's Last Name: Home phone: Home Address: Text State: Text Text Mailing Address Text (if different): Text State: Zip: Text Text Text **Husband's** First Name: Text Nick Name: Text Occupation, Text Place of Business, Text and Phone: Text Cell Phone: Email: Text Text Date of Birth: Text Baptism Date: ____Text__ Anniversary Date: Text Wife's First Name: Nick Name: Text Text Occupation. Text Place of Business, Text & Phone: Text Cell Phone: Email: Text Text Date of Birth: Text Anniversary Date: Baptism Date: Text Text Children/Youth at Home: **Date of Birth Baptism Date Grade Level** <u>Cell</u> **Email** <u>Name</u> <u>School</u> Text For Youth/Family Members away at college, serving in the military, working out of state: Please include name, date of birth, address, phone number; name of school and chosen major; branch of service and rank; or other employee and baptism date. Text Text Text Text