



Christ's First
Presbyterian Church

353 Fulton Avenue
Hempstead, NY 11550
(516) 292-1644

CHURCH MEMBERSHIP INFORMATION FORM

This application is designed to allow us to obtain important information from you so that we may best serve you and encourage you in the mission of Christ's First Presbyterian Church.

PERSONAL INFORMATION:

NAME: Mr. Ms.
Mrs. Dr.
Miss Rev. _____
First M.I. Last

BIRTHDAY: _____ (month/day)

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Address: _____

City: _____ **Zip:** _____

E-Mail*: _____

Occupation: _____

Spouse's Name(if applicable): _____

Children's Names _____

My Christian Experience

Briefly tell us about your Christian experience:

Have you been baptized? Date (if known): _____ Where: _____

In what ministries or church activities have you been involved in the past? _____

In which area(s) of ministry are you interested in serving? _____

My Experience at Christ's First Presbyterian Church

I have been attending Christ's First Presbyterian Church since _____

The thing I have enjoyed most about Christ's First Presbyterian Church is _____

Christ's First Presbyterian Church can best minister to me and my family in the following way(s):

How did you first hear about Christ's First Presbyterian Church? _____

****Please return your completed form to Elder Maria Williams**