

**MEMBERSHIP PROFILE**  
**FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST**  
**110 NORTH THIRD STREET, RIVER FALLS, WI 54022**  
**PHONE: 425-2052 E-MAIL: [lu@firstchurchrf.org](mailto:lu@firstchurchrf.org)**

Household Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Year Joined Church \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Please list name, date of birth and baptism date of all adults and children in your household.

Name—First, Middle & Last	Date of Birth/ School Grade of Children	Baptism Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Contact Information**

\_\_\_\_\_

Name	Address	Phone
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Interests and Skills to Share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this profile.