



# PACIFIC UNITARIAN CHURCH

A Unitarian Universalist Community

5621 Montemalaga Drive, Rancho Palos Verdes, CA 90275 • Office 310-378-9449 • www.pacificunitarian.org

## MEMBERSHIP INFORMATION SHEET

Welcome to Pacific Unitarian Church. We are delighted that you have decided to join our congregation. Please complete this form and return it to the front office as soon as possible.

Date \_\_\_\_\_

Name(s) \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_

Phone (work)—optional (\_\_\_\_) \_\_\_\_\_

Phone (cell)—optional (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Children:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade \_\_\_\_\_ Gender \_\_\_\_\_

Please check here only if you do NOT want to be included in the PUC Member Directory.

The following information is optional, but is important to helping PUC to remain a rich, diverse community. Please complete a separate sheet of pages 2 & 3 for each adult member of the household

**Name** \_\_\_\_\_

**Preferred Name** (nickname) \_\_\_\_\_

**Email Address** \_\_\_\_\_  
(necessary for church emails and to receive copies of our newsletter, The View)

**Work/Cell Phone** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Family Status:** (Please Circle)    Single    Coupled    Family

**Gender:**    Male    Female

**Race:**  
African American                      American Indian/Native American

Asian/Pacific Islander    European                      Hispanic/Latino                      Other

**Sexual Orientation:**    Heterosexual    Homosexual    Bisexual    Transgender    Other

**Theological View:** (Please choose one)  
Agnostic    Athiest    Buddhist    Christian    Earth/Nature Centered

Hindu    Humanist    Jewish    Muslim    Mystic    Theist    Other

**Occupation/Profession:** \_\_\_\_\_

**How Did You First Hear About PUC?**

Friends Referral                      Family Referral                      Internet/Website                      Beliefnet

Already UU at Another Church                      Heard Minister at speaking engagement

Phonebook                      Other \_\_\_\_\_

# RECOGNIZING YOUR TIME AND TALENTS

We strive to assemble an overall view of the time and talents that our members are able to contribute to PUC and to the larger community. Please take a few moments to let us know your talents and interests, and the time you are able to share.

**Name** \_\_\_\_\_

**What are your current PUC committee assignments?**.....

.....

How many hours a week/month do you volunteer to PUC?.....

**What are your current PUC Ad Hoc assignments/tasks?**.....

.....

Approximate hours per week/month?.....

**For what other non-profit organizations do you volunteer time and in what capacity?**

.....

How many hours a week do you spend on outside volunteer work?.....

## RECOGNIZING YOUR TALENTS

PUC is richer for the talents its members bring to the congregation. Please tell us where your interests lie.

**What activities do you enjoy most at PUC?**.....

.....

**Please check the areas of service that might interest you.**

### • Sunday Service

- Greeter    Usher    Audio/visual tech    Welcome table    Worship planning
- Hospitality (coffee hour)

### • Religious Education

- Children/Youth (level \_\_\_\_\_)    Adult educations/programs

### • People

- Pastoral care    Group leader    Coming of Age mentor    Membership/Assimilation at PUC
- Social justice action    UUSC    People finder/Recruitment

### • Music/Art

- Choir (fun & friends)    Play an instrument    Musical event planning    Art wall    Film nights

### • Fun stuff

- Event/parties    Potluck Sundays    Buddy Mixers    de Benneville retreat planning

### • Facilities

- Site Management    Saturday work party    Handy person    Building Committee

### • Finances

- Fundraising    Endowment mgt.    Finance mgt.    Auditing

### • Administration

- Office help/technology    Communications (internal & external)
- Personnel/HR    Ministry    Stewardship    Board of Trustees

**Did we miss something you would like to do for PUC?**.....

.....

**Hours you would consider donating to PUC** ..... per week ..... per month



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## PERSONAL EMERGENCY INFORMATION

The Pastoral Care Ministry will maintain a file of such information you may wish to provide for yourself and/or family members in the case of emergency. These forms are available to anyone who wishes the church to have such information. Please return form to PUC Office.

### PACIFIC UNITARIAN CHURCH EMERGENCY INFORMATION FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

### PERSONS YOU WANT NOTIFIED IN AN EMERGENCY

(Nearest relative, friend, employer?)

NAME: \_\_\_\_\_ PHONE(s): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE(s): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE(s): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE(s): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### MEDICAL AND OTHER INFORMATION:

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_

OTHER INFORMATION YOU MAY WISH TO HAVE ON RECORD

(Insurance Provider, Location Of Living Will Or Durable Power Of Attorney Forms, Blood Type,

Allergies, Special Instructions for Minister, Etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PLEDGE FORM

**LAST NAME**

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**FIRST NAME**

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I/we pledge(s) **A TOTAL SUM OF \$\_\_\_\_\_ FOR THE REMAINDER OF THE CHURCH YEAR (JULY 1 TO JUNE 31)** to support the operation of Pacific Unitarian Church.

On average, it takes a minimum of \$1,800 per member simply to sustain the church, more to grow!

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>Pledge donations will be made as follows:</b> (check one, this helps us to plan ahead):	___ WEEKLY	___ MONTHLY	___ ANNUALLY
I plan to use securities to pay this pledge	___ YES	___ NO	
I will use automatic deductions from my/our checking account	___ YES	___ NO	PLEASE ARRANGE WITH YOUR BANK
I will make an additional, suggested Fair Share Pledge	___ YES	___ NO	AMOUNT\$ _____
May we publicize your name as a donor?	___ YES	___ NO	