



## Request for Membership

Thank you for your interest in becoming a member of UUSB! The information from this form will be used to process your request, and will be added to our database. Please submit the completed form (one for each person requesting membership) via mail or email, or give it to a member of the Membership-Fellowship Committee.

**Date of This Application:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

*For Name Badge: Favorite Color:* \_\_\_\_\_ *Favorite Thing:* \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell  Home  Work

**Secondary Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell  Home  Work

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Occupation:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Household Members:

**Name:** \_\_\_\_\_ **DoB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:** \_\_\_\_\_ **DoB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:** \_\_\_\_\_ **DoB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:** \_\_\_\_\_ **DoB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**UU World Magazine:** I want to receive the biannual UUA Magazine, *UU World*, by mail. Yes  No

**Inclusion in the UUSB Directory:** Please check the box for the information you wish to be included in the UUSB Directory. Your privacy and comfort is of the utmost importance to UUSB.

Name  Address  Phone  Email  Household Members  Photo

### Office Use Only

**Membership Signing Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Added to Icon:**

**Added to UU World List:**