



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:** ____ / ____ / ____

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: