

MEMBERSHIP APPLICATION

Date of Application (day, month, year)

Mr. Mrs. Ms. Othe		ast Name Ple	ase print all information	1	First Name and/	or Second Name please unde	erline preferred name					
Address					City	l	Province	Postal Code				
Home Phone				٧	Vork Phone (will n	ot be printed in Directory)	E-mail Address		•		•	
Cell Phone (Underline if you don't want it published in Directory)							☐ I do not use email					
Gender	Birth date Day Month Year Name Are there other adults in your hot Name				ousehold who als	o attend our church?		Relationsh	nin.			
			Name			Relationsh						
Names(s)	of any chi	ldren in yo	our household, and	ages	if under 18. F	Please indicate if they	are in the Religious Explora	tion Progra	ıms.			
Name A			Age	In RE?	Name	Age		RE?				
					YN					N N		
DO NOT F	PRINT IN THE	COMMUNITY	DIRECTORY: Phone	Em	ail address Hon	ne Address Any of my inform	nation					
Additional Informat Occupation (optional)				matic	on		Pastoral Visits: For some in our church it is a comfort to know that a Unitarian Minister will visit in hospital or at times of emergency or grave illness. Is this a					
Emergency Contact name					Phone wish of yours?			grave illnes	55. 15	uisa		
							No Yes					
			ave received a Pledge Fo			attached My pledge will fo hip Team about the financial s						
In order t	o know you	ı better an	d to help you beco			d comfortable in your r he back of this sheet.	new community we encoura	ge you to r	espo	nd to	the	

I have read and agree to affirm and promote Unitarian Universalist Principles. I have read and acknowledge my Rights and Responsibilities as a Member of Calgary Unitarians.

Signatura X

We are pleased that you wish to join the Calgary Unitarians.

Thank you for completing this form for presentation to the Board of Trustees of Calgary Unitarians

The information you provide will be used for Church purposes only and will not be sold, transferred or used in any manner inconsistent with the Community's privacy policy. Your contact information on this form will be recorded with the Canadian Unitarian Council and otherwise released only to the Community including the Directory, unless you have requested otherwise above.

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First Name	Last Name	Date	
	t you are seeking in a religious community and to help us know y		-
connections is one of the most important aspect	of being part of such a community.		
How did you become acquainted with Un	nitarianism-Universalism and with this community? e.g. at	another UU Congregation, family, friends, internet, other	
2. About how long have you been attending	g Calgary Unitarian services?		
3. What are some of the reasons you have	chosen to become a Member of the Calgary Unitarians?		
4. Do you have a previous connection with	a cnurch? It yes please describe.		
5. What types of activities such as worship,	adult education, workshops, etc. have you attended since	you have been coming to our community?	
6. Which of these activities have been most	t meaningful for you?		
7) What talents or skills might you like to co or projects; fundraising; leading courses; we		e; technology; carpentry; organizational skills; leading teams	s
	ing that you could pursue within our community? (eg: tech ance; working on a Board of Trustees; workshop leadersh		
9) Do you have any passions or favourite ad	ctivities you would like to share?		
10. Do you have any further comments or o	observations you would like to share?		