

MEMBERSHIP APPLICATION

Please complete this form and the Permission Form and return to:
Membership Committee
First Unitarian Congregation of Ottawa
30 Cleary Avenue Ottawa, ON K2A 4A1
613-725-1066 Office, 613-725-3259 Fax
membership@firstunitarianottawa.ca



**First Unitarian
Congregation of Ottawa**

Date of application: _____	Type of Application: Adult Member <input type="checkbox"/> Date of Birth (optional) (mm/dd/yy) _____ Junior Member* (14-17) <input type="checkbox"/> *If Junior Member, date of 18 th birthday (mm/dd/yy): _____
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Last name: _____ First name: _____				
Mailing address: _____				
Street	City	Province	Postal Code	
Home phone: _____		Work phone: _____		Cell phone: _____
E-mail address: _____				
My partner/spouse is a member <input type="checkbox"/>			Last name: _____	
My partner/spouse is applying for membership <input type="checkbox"/>			First name: _____	
N/A or my partner/spouse is not applying for membership <input type="checkbox"/>				
Emergency Contact: Name _____		Phone number _____		

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 the First Unitarian Congregation.

Signature: _____ **Date:** _____

The information you provide will be used for congregational uses only and according to Ontario and Canada laws on privacy.

<u>OFFICE USE</u>	
1. Date received by Membership Committee:	4. Date accepted by the Board:
2. Date Permission Form completed:	5. Date entered in database:
3. Date of Minister's Interview:	6. Date of New Member Recognition:
Revised: January 8, 2010	