First Unitarian Congregation of Ottawa

MEMBERSHIP APPLICATION

Please return or fax this form to:
First Unitarian Congregation of Ottawa
30 Cleary Avenue
Ottawa, ON K2A 4A1
Fax: 613-725-3259

↓ Please print information ↓

Date of Application: _____

Type of Application: Adult Member (18+) ☐ **Year of Birth:** _____

Junior Member (14-17) ☐ **Date 18th birthday:** _____

Last Name: _____

First Name: _____

Mailing Address: _____
(Street)

_____
(City) **(Province)** **(Postal Code)**

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

E-mail Address: _____

Partner/Spouse Last Name: _____

Partner/Spouse First Name: _____

My Partner/Spouse

- **Is already a member** ☐
- **Is also applying for membership** ☐
- **Is not applying for membership** ☐

Emergency contact: _____
(Name) **(Phone Number)**

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

I have read and agree to affirm and promote Unitarian Universalist Principles. I have read and acknowledge my right and responsibilities as a member of the First Unitarian Congregation of Ottawa.

Signature: _____ **Date:** _____

Revised: January 15, 2011