



FIRST UNITARIAN
CONGREGATION OF OTTAWA

Application for Membership

The information provided will be used for congregational use only and according to Ontario and Canada laws on Privacy.

PERSONAL INFORMATION		
Name	Date of Application dd/mm/yy	Date of Birth dd/mm/yy
Address		
Home Phone	Work Phone	Email
		<input type="checkbox"/> she/her <input type="checkbox"/> he/his <input type="checkbox"/> they/them

FAMILY INFORMATION			
Name of Spouse	Already a member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applying for membership? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(must fill out separate form.)</i>	
Children <i>(if both parents applying, enter children on one form.)</i>			
Name	Age	<input type="checkbox"/> RE Program	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Member <input type="checkbox"/> N/A
Name	Age	<input type="checkbox"/> RE Program	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Member <input type="checkbox"/> N/A
Name	Age	<input type="checkbox"/> RE Program	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Member <input type="checkbox"/> N/A
Name	Age	<input type="checkbox"/> RE Program	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Member <input type="checkbox"/> N/A

EMERGENCY CONTACT INFORMATION		
Name	Phone	Phone
Relationship		
Home Phone	Work Phone	Email

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 of Ottawa. I understand that one of my responsibilities is to financially contribute to the congregation as my circumstances permit, and I understand and agree that I will be contacted during the annual pledge campaign by the Stewardship team.

Signature

Date

OFFICE USE		
Copy to Minister dd/mm/yy	Copy to DRO dd/mm/yy	Copy to Membership dd/mm/yy
Accepted by Board dd/mm/yy	Entered into database dd/mm/yy	Permission form received <input type="checkbox"/> Yes <input type="checkbox"/> No

Please return or fax this form to:
First Unitarian Congregation of Ottawa, 30 Cleary Ave, Ottawa, K2A 4A1

Fax: 613-725-3259
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