



Unitarian Universalist Ministers Association

The Professional Organization for Unitarian Universalist Ministers

APPLICATION FOR MEMBERSHIP

First Name: _____ Last Name: _____

Address: _____

City: _____ Province/State: _____

ZIP/Postal Code: _____ E-Mail Address : _____

Home Phone _____ Business Phone: _____

Church Affiliation: _____

I am applying for membership in the UUMA as a Candidate member.

Theological School: _____

Date received into Candidate status by the Regional Subcommittee on Candidacy: _____

Sponsoring congregation: _____

I am applying for membership in the UUMA as a Regular member.

Date received preliminary fellowship: _____

I am applying for membership in the UUMA as an Associate member.

Please include supporting materials: Statement of UU Ministry; 3 letters of reference from UU ministers.

I am applying for membership in the UUMA as a Life member

and I am in ministerial fellowship with the Unitarian Universalist Association of Congregations.

Date of retirement: _____

Candidate dues are \$35; Regular & Associate dues are \$225. Dues are optional for Life members.

Canadian dues are: Candidate \$35CND; Regular & Associate \$225 CND

Acceptance of membership in the Unitarian Universalist Ministers Association entails agreement by the member to abide by the UUMA's Constitution & Bylaws and Code of Professional Practice which can be found at www.uuma.org

Signature : _____ Today's Date : _____

Payment Method: Enclosed is a check the amount of \$ _____ (payable to *UU Ministers Association*)

Please charge my: MasterCard Visa Discover American Express the amount of \$ _____

Name on Card _____

Account Number _____ Exp. Date _____

Signature _____ Date: _____

Billing Address (if different from above): _____ Zip: _____

25 Beacon Street • Boston, Massachusetts 02108

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