**UNITY IN LYNNWOOD**

**Membership Application**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  
  
Street:

City/State: Zip:   
  
Preferred telephone:   
  
Email:   
  
SPOUSAL MEMBERSHIP desired? YES NO If so,

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  
  
YOUTH MEMBERSHIP desired? YES NO If so,

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  
  
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DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  
  
Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  
  
Would you like a monthly Wellness Call from one of UIL’s Prayer Chaplains? YES NO

**UNITY IN LYNNWOOD**

**Membership Application**

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YOUTH MEMBERSHIP desired? YES NO If so,

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DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  
  
Would you like a monthly Wellness Call from one of UIL’s Prayer Chaplains? YES NO