**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: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

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

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

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

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

Would you like a monthly Wellness Call from one of UIL’s Prayer Chaplains? YES NO

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