

# Membership Form



***BE GRATEFUL. WELCOME CHANGE. IMAGINE OFTEN. DREAM DAILY.***

Contact Information

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: *(Please circle one)* Single Married Partnered Widowed Divorced

Spouse/Partner Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Children

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Agreement

I desire to become a member of Unity Church of Georgetown, Georgetown, Texas, and accept the voting rights and other privileges of membership. I will endeavor to live in accordance with the Jesus Christ teachings of Love and Truth as taught by Unity, and I will further the work of Unity Church of Georgetown through my active interest, love, and support.

**Chaplain Preference:** *(circle one)*

1. I'd love to have my chaplain call and pray with me once at month at this number:

\_\_\_\_\_

2. For now, I'd rather not have a chaplain. I know I may ask for one at anytime, and can connect with a chaplain at any Service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Email addresses and other information are for internal use only.*

**P. O. Box 1872 • Georgetown, Texas 78627 • [www.unitychurchofgeorgetown.wildapricot.org](http://www.unitychurchofgeorgetown.wildapricot.org)  
Member Church of Unity Worldwide Ministries; affiliated with Unity Institute, Unity Village, MO**