Membership Form



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

	Full Name:		DOB:	
Contact Information	Address:	Pronouns:		
	City: Zip:	Home Phone:		
	Email: Mobile Phone:			
ntact	Marital Status: (<i>Please check one</i>) □Single □Married □Partnered □Widowed □Divorced			
ပိ	Spouse/Partner Name:		DOB:	
	Email: Mobile Phone:	Pronouns:		
Children	1) Name:	Age:	DOB:	
	Relationship:	Pronouns:		
	2) Name:	Age:	DOB:	
	Relationship:	Pronouns:		
	3) Name:	Age:	DOB:	
	Relationship:	Pronouns:		
I desire to become a member of Unity Spiritual Center Georgetown, Georgetown, Texas, and rights and other privileges of membership. I will endeavor to live in accordance with the tead Truth as taught by Unity, and I will further the work of Unity Spiritual Center Georgetown the interest, love and support.			chings of Love and	
	Chaplain Preference (Please check one)			
	☐ I'd love to have my chaplain call and pray with me once a month at this number:			
	\square For now, I'd rather not have a chaplain. I know I may ask for one at any time and can connect with a chaplain at any service.			
	Signature: ∠	Date:		
	☐ Please ADD me to the Newsletter Mailing List		Initials:	
	Email addresses and other information are for internal use only, unless permission is otherwise given below.			
	\square I hereby DO give my permission to include my contact information in a USCG Membershi	p Directory.	Initials:	
	☐ Please EXCLUDE my name and contact information from any USCG Membership Director	y.	Initials:	
	P.O. Box 1872 * Georgetown, Texas 78628 * www.unitygeorgetown.org			

Member Church of Unity Worldwide Ministries; affiliated with Unity Institute, Unity Village, MO