

UNITY IN LYNNWOOD
Membership Application



Date: ___/___/___

Last name: _____ First name: _____

DOB: ___/___/___ Membership date: ___/___/___

Address: _____

City: _____ Zip: _____

Preferred telephone: _____

Email: _____

Spouse last name: _____ Spouse first name: _____

Spousal membership desired? YES NO

Spouse's DOB: ___/___/___ Membership date: ___/___/___

Children living with you:

Last name: _____ First name: _____

DOB: ___/___/___ Youth membership desired? YES NO

Last name: _____ First name: _____

DOB: ___/___/___ Youth membership desired? YES NO

Last name: _____ First name: _____

DOB: ___/___/___ Youth membership desired? YES NO

Would you like a monthly Wellness Call from one of UIL's Prayer Chaplains?

YES NO