



MEMBERSHIP NO: _____

MEMBERSHIP INFORMATION
UNITY PEACE DIGNITY

PLEASE TYPE OR PRINT

MEMBER NAME: _____

Last Name

First Name

Middle Name

OFFICE NAME: _____

POSTING PERIOD: _____

MINISTRY'S NAME: _____

HOME ADDRESS:

.....Apt No: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL NO: _____ ALTERNATIVE NO: _____

E-MAIL: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

MONTHLY MEMBERSHIP FEES : _____

DONATIONS: _____

Applying for : Full Member Honorary Member

(Signature)

Date: