



UNITARIAN UNIVERSALIST
CONGREGATION
OF GRAND TRAVERSE

MEMBER INFORMATION FORM

Date (month / day / year)

Last Name

First Name and/or Preferred Name (Please underline preferred name)

Address City State Zip Code

Home Phone Cell Phone Work Phone

Email

Preferred Pronouns Birthdate (month / day / year)

Are there other Adults in your household who also attend our congregation?

Name Relationship

Name Relationship

Name(s) of any children in your household, and ages if under 16

Name Age

Name Age

DO NOT PRINT IN THE UUCGT DIRECTORY? Phone Email Home Address Any of my information

Emergency Contact: Name Phone

Please send me the Flash & Beacon by Email: Yes No

Notify me of Annual and Special Meetings by: Email US Mail

We are pleased that you have joined the Unitarian Universalist Congregation of Grand Traverse.

The information you provide will be used for UUCGT purposes only and will not be sold, transferred or used in any manner inconsistent with UUCGT's privacy policy. Your contact information on this form will be recorded with Unitarian Universalist Association (UUA) upon membership, so that you as a member, will receive the twice a year UU World publication. Otherwise info is released only to UUCGT, including the Directory, unless you have requested otherwise above.