



## Application for Membership

Unity membership is unique. The requirements are simple. A desire to know God, the Good, and to follow spiritual principles; a recognition of the indwelling presence of Christ in all people; and a commitment to love, nurture, and support this ministry and all who attend here.

These are the basic fundamentals of membership. Unity is a way of life, an ongoing process of self-discovery through the practice of meditation and affirmative prayer. The desire for Unity membership is an outer expression of the inner activity of spiritual unfoldment.

I hereby make application for membership and will attend an orientation meeting regarding Unity of Flagstaff, the principles and the movement.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-Mail Address (if you wish online activities updates) \_\_\_\_\_ @ \_\_\_\_\_  
 I would prefer my newsletters to arrive through e-mail rather than postal: yes\_\_\_ no\_\_\_

If transferring membership from another Unity Center, Name & location of Center:  
 \_\_\_\_\_ Date of Membership: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Which Ministry Team are you interested in serving with?

<input type="checkbox"/> Social Team	<input type="checkbox"/> Fund-raising
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Facility Care
<input type="checkbox"/> Worship	<input type="checkbox"/> Sunday Service Support
<input type="checkbox"/> Youth Education	<input type="checkbox"/> Home Team

Would you like to be included in our church membership directory?  
 Yes\_\_\_ (complete the back of this form) No\_\_\_

Ratified by the Board of Trustees \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Church Membership Directory Information Form

Please complete *only* the information you would like entered into the Church Directory, a paper directory that will be available at the church office to those who request a copy.

*Please print clearly!*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

*Street or PO Box*

*Apt #*

*City*

*ZIP*

Telephone Numbers \_\_\_\_\_

*Home*

*Office*

*Cell*

E-mail \_\_\_\_\_ @ \_\_\_\_\_

I authorize Unity of Flagstaff to print the information provided above in the printed church directory:

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

---

## Church Web Release Form

I do/do not (circle one) authorize Unity of Flagstaff to place photos that include my face on the church website (unityofflagstaff.org):

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I do/do not (circle one) authorize Unity of Flagstaff to place photos that include my dependents face(s) on the church website (unityofflagstaff.org):

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_