

UNITY CHRIST CENTER  
IN  
EAU CLAIRE

1808 Folsom Street  
Eau Claire, WI 54703  
715-836-0010

**APPLICATION FOR MEMBERSHIP**

I desire to become a member of Unity Christ Center in Eau Claire

APPLICANT:

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

E-Mail \_\_\_\_\_@\_\_\_\_\_

**SPOUSE/HOUSE MATE:** Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

**CHILDREN :**

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Applicant's Talents and Special Gifts \_\_\_\_\_

Interests: \_\_\_\_\_

Ideas for the good of the Ministry:

I HEREBY APPLY FOR MEMBERSHIP IN UNITY CHRIST CENTER IN EAU CLAIRE. I  
PLEDGE MYSELF TO JOYFULLY SUPPORT THE MINISTRY THROUGH STUDY AND  
PRAYER, THROUGH POSITIVE LIVING, AND THROUGH PRACTICAL NEEDS OF  
HELPLESSNESS WHEREVER I FIND OPPORTUNITY TO SERVE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application