

UCW LIFE MEMBERSHIP APPLICATION FORM

Date: _____

Please send _____ Life Membership(s) for: (Please Print)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Church _____

Address _____

Enclosed is our cheque for \$_____ Please make payable to: The United Church of Canada

Send package to: _____

_____ (Postal Code)

Your ☎: _____

Date of Presentation: _____

Please return this form to:

Attn: UCW - Life Membership Pins
The United Church of Canada
Faith Formation and Education Unit
3250 Bloor Street West, Suite 300
Etobicoke, ON M8X 2Y4

Pin and Certificate--\$60.00
Deceased Member's Transfer--\$40.00
Lost Pin--\$15.00
Lost or damaged certificate--\$5.00
No charge for broken pin if old one is sent in

UCW Representative: ☎ 416-231-5931