

## OFFICIAL MEMBERSHIP FORM

Email: [registration@ubaga.net](mailto:registration@ubaga.net) Website: [www.ubaga.net](http://www.ubaga.net)

### FORM #

### Date



Month    Day    Year

### Name \*

First Name    Last Name

### Sex:

Male

Female

Other

### Address: \*

Street Address

Street Address Line 2

City    State / Province

Postal / Zip Code    Country

**Date Of Birth:**



Month Day Year

**E-mail \***

example@example.com

**Phone Number: \***

Area Code

Phone Number

**Anniversary Date**



Month Day Year

**Marital Status:**

Single

Married

Separated

Widow

Widower

**Name of Spouse**

First Name

Last Name

**Emergency Contact Name**

First Name

Last Name

**Contact Tel.#:**

Phone Number

Area Code

## PLEDGE

i, \_\_\_\_\_ HEREBY PROMISED TO FAITHFULLY SERVE AND OBEY THE CONSTITUTION AND BYLAWS OF UBAGA EVEN IN DISGREEMENT.

## OFFICIAL USE ONLY

AREA(S) YOU WISH TO VOLUNTEE TO SERVE UBAGA

### STANDING COMMITTEES (Please Check The Box That Suites You)

Yes      No      Temprerary      Full Time

Finance Committee

Communication Committee

Education Committee

Membership Committee

Planning & Program

**Any Other area not listed, Please state**

**Any Special Skills (Optional):**

# FEES TO PAY

## Please Select Your Payment

Registration \$	Monthly Due \$	Total Paid	Cash	Check
Amount				

## Today's Date



Month   Day   Year

*By signing this application form, you are submitting your online application for UBAGA Membership. We will contact you about your Membership. Thank you!*