

NEW ENROLLMENT (Form 1)
Unitarian Universalist Fellowship of Franklin, North Carolina
 Please complete one form for EACH prospective member
 (Minimum age for membership is 18.)

Your Name: _____ Birth Date: _____

Local Address: _____
Street City State Zip

Seasonal Address: _____
Street City State Zip

Months at seasonal address: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Personal Email: _____

Home Phone: _____ Cell Phone: _____

Married/Committed? _____ Is your partner enrolling as well? _____

Partner's Name: _____

Children:	Name	DOB	Grade
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While we currently don't have children's programming, would you be interested if we did? _____

How did you learn about our Fellowship? _____

What brings you to our Fellowship? _____

How long have you been attending our Fellowship? _____

What was your previous church connection, if any? _____

What can we do for you? _____

How can we help you find what you need here? _____

Your occupational and educational background? _____

Signature: _____ Date: _____

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‡ _____ newcomer session
 learn more about UUFF and the 7 principles ____ Yes, I'm interested ____ No, Not interested

..... O _____ 7 _____
 U _____ u _____

If you have any questions regarding membership, pledging, or strengthening your connections to the Franklin Fellowship, please contact the Membership Chair. You can print this form or email it using the button above.