E-Mail Us

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

While we currently don't have children's programing, 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: _____

I am requesting membership into the Unitarian Universalist Fellowship of Franklin, NC. I do this willingly and of my own free choice. My signature above indicates my willingness to covenant with UUFF as we affirm, promote and strive toward a deeper understanding of the Unitarian Universalist Seven Principles.

While not required for membership, periodically we hold a newcomer session to allow new members to learn more about UUFF and the 7 principles. ⊙ Yes, I'm interested in attending ○ No, Not interested

"Love is the spirit of this Fellowship, and community is its goal.
This is our great covenant. To dwell together in peace,
to seek the truth in love, and to help one another."

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.