Berrien Unitarian Universalist Fellowship

est.1959

BUUF Membership Form for Fiscal Year Beginning July 1, _____

Affirmation of Fellowship Purpose

I affirm the purpose of the Berrien Unitarian Universalist Fellowship as stated below—

The purpose of Berrien Unitarian Universalist Fellowship is to foster spiritual development and individual freedom of thought and belief, to seek truth, to promote justice and the democratic process in human relations, and to nurture each other through acceptance, respect and compassion.

The Fellowship declares and affirms its special responsibility to promote the full participation of persons in all of its activities and in the full range of human endeavor without regard to race, color, sex, disability, or handicap, affection or sexual orientation, age, national origin, or political orientation, and without requiring adherence to any particular interpretation of religion or to any particular religious belief or creed.

Volunteer Interests

#1	#2	
☐	☐	Committee or Board
☐	☐	Religious Education
☐	☐	Greeter
☐	☐	Refreshments
☐	☐	Building Maintenance
☐	☐	Grounds Maintenance
☐	☐	Special Projects

Skills and Interests:

#1_____

_____

#2_____

_____

Pledge of Financial Support

Total of the year: _____

Preferred payment: ☐ lump sum ☐ monthly ☐ weekly

☐ In-kind donation: _____

Membership Status (check one)

☐ The undersigned is a Voting Member—a person at least eighteen years old who has signed the membership book, affirmed the Fellowship purpose, and pledged financial support in dollars or in kind for the current fiscal year.

☐ The undersigned is an Associate Member—a person at least eighteen years of age who has affirmed the purpose of the Fellowship and considered or made a pledge of financial support.

☐ The undersigned is a Youth Member—a person fourteen to seventeen years of age who has affirmed the purpose of the Fellowship and considered or made a pledge of financial support.

☐ Though I support the Berrien Unitarian Universalist Fellowship, I consider myself a friend, not a member of the Berrien Unitarian Universalist Fellowship.

(1) Signature _____ Date _____

(2) Signature ___ _____ Date _____

(invalid without signature)

Printed Name(s) _____

Children (names and ages) _____

Address/City/State/Zip _____

Home and/or Cell Phone(s) _____E-mail _____

UNITARIAN UNIVERSALIST ASSOCIATION OF CONGREGATIONS
Representing over 1,000 liberal religious congregations

Central Midwest District of the UUA