



Membership Application / Renewal

Please fill in the form with a check for **\$40** and send to:

AUUA
c/o Mary Ellen Morgan
P.O. Box 10991
Napa, CA 94581
businessadmin@uucb.org

Name: _____

Title: _____

Congregation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

In your job, do you have primary or supervisory responsibility for any of the following? Please check all that apply:

- | | |
|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Computer Systems Management | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> Finance or Fund Raising | <input type="checkbox"/> Food Service Management |
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Personnel Management | |

How many do you supervise?

Please list their job titles:

- 1.
- 2.
- 3.