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RENEWAL MEMBERSHIP - 2020

APPLICATION FORM: JAN 01 TO DEC 31 2020

***Please Print clearly ***

Date:			N	Membership#			
Name:	Miss.	Ms.	Mrs.	Mr.	Rev.		
Given Name			Surname	Surname			
For Family M	emberships plea	se provide name	es, includes two in	the family			
			urname he same address				
Mailing A	ddress: (if it h	as changed since	e you joined)				
Number, Stre	eet Name, Apt#, (City, Province, Po	ostal Code				
Telephon	e Number: _		Cell	/Business _			
Email add	dress: (if it has	changed since y	ou joined)				
Name to dis	•	eipt if different	•	•	Senior \$20.00		
Question: What types		akers or events	s would you like t	to see at Church	n?		
Would you be able to volunteer at the Church, and if so, what would you like to do? Sunday Morning Greeter? Helper to setup for services and events? Help clean the Church? Other?							

Please note that most communication will be by email. Please keep up to date with any changes.

Pursuant to Section 39(1) of the Freedom of Information and Protection of Privacy Act, the Church of Universal Love uses membership information for its own purposes only. No personal information is shared with other organizations without the prior consent of its owner.