



United Methodist Association
407 Corporate Center Dr., Suite B
Vandalia, OH 45377
2008 MEMBERSHIP APPLICATION

Organization: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Web: _____

Would you like UMA to set up a link to your organizations website on the UMA website located at www.umassociation.org. Yes__ No__

E-mail Address: _____ -or- I do not have e-mail capability _____

Please identify the membership section that you are applying for:

____ Community Services Ministries (CSM) ____ Conference Related Units (CRU)

CSM Dues \$ **95**
CRU Dues \$ **180**
Dues Amount \$ _____

Method of Payment:

____ I have included a check (payable to UMA) in the amount of \$ _____ with this application.

____ I would like to pay by credit card. Please charge my credit card for the following amount \$ _____.

___ MasterCard ___ VISA Credit Card # _____

Name as it appears on card: _____ Exp. Date: _____

I authorize UMA to charge the above total to this credit card.

Authorized Signature: _____ Date: _____

By signing this application, I agree to abide by the UMA Code of Ethics and By-Laws as determined by the UMA Membership. I further understand that membership in UMA is voluntary and that membership renewal is based upon the receipt of annual dues.

Agreed to by: _____ For: _____

Note: Our weekly newsletter *Member News* is sent electronically to our members. **Please provide us with the email address of those employees that would like to receive this newsletter.**

Return to: UMA, 407 Corporate Center Dr., Suite B, Vandalia OH 45377 PH: 937/415-3624, FX: 937/222-7364
Visit our Web Site: www.umassociation.org