



**INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL for 2010**

**United Methodist Association**

407 Corporate Center Dr., Suite B, Vandalia, OH 45377

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Is this your home \_\_\_ or office \_\_\_ address?

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Current Place of Employment and Job Title: \_\_\_\_\_

**INDIVIDUAL MEMBERSHIP CATEGORIES**

*Individual Member* ..... **\$80.00**  
(Individual trustee, chaplain, volunteer or employee of a United Methodist related organization or in organizations that are not United Methodist related who have an active interest in faith-based healthcare and human service ministries and reflect similar mission concerns, ministry philosophies, and interests as other Association members.)

*Retired/Emeritus* ..... **\$40.00**  
(Individual trustee, chaplain, volunteer or employee of a United Methodist related organization or in organizations that are not United Methodist related who have an active interest in faith-based healthcare and human service ministries and reflect similar mission concerns, ministry philosophies, and interests as other Association members.)

**AMOUNT** ..... \$ \_\_\_\_\_

**ADDITIONAL SUPPORT:**

If you wish to further strengthen your commitment to Wesleyan values, you are invited to make an additional contribution for 2010. You will receive special recognition at every UMA sponsored event.

- Bronze Member (Annual Rate + Additional Contributions)
- Silver Member (Annual Rate + 50%)
- Gold Member (Annual Rate + 100% or more) \$ \_\_\_\_\_

**TOTAL 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 Card # \_\_\_\_\_ CVV# (3 digit # back of card) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check if you want to be included in our on-line National Membership Directory.

***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: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Special Note:** UMA is recognized as a Section 501(c)3, charitable organization by the Internal Revenue Service. Your dues and contributions may be deductible items on your IRS tax return.

**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](http://www.UMAssociation.org)