UMACBA Application for Membership

www.umacba.org

New Member ☐ **Renewal Member** ☐ **For the calendar year** 2006

☐ Mr. ☐ Ms. ☐ Rev. ☐ Other

Name: Job Title:

Business address:

Home address:

Business telephone: Home telephone:

Preferred mailing address: Business ☐ Home ☐ Email address:

Church membership: Date joined:

Employed by: Date employed:

Jurisdiction | Annual Conference | District

Full time ☐ Part time ☐ Clergy ☐ or Lay ☐ FCBA? Yes ☐ No ☐ Certified with UMACBA ? Yes ☐ No ☐

CE taken toward UMACBA recertification (and location) since last membership renewal:

I am interested in UMACBA Certification information at Candler School of Theology. Yes ☐ No ☐ Not at this time ☐

I am interested in serving in an UMACBA leadership role. Yes ☐ No ☐ Not at this time ☐

Comments:

Signature _____ Date

Please complete and return with check for dues ($50.00) to:

General Council on Finance and Administration
Attn: Sheri Kimble
1 Music Circle North
PO Box 340029
Nashville, TN 37203-0029

UMACBA