

UUSS Member / Friend Record

This information is strictly and solely for the use of the Unitarian Universalist Society of Sacramento

Personal Information

Date: _____ First Name: _____ Last Name: _____

Nickname if preferred: _____

Street Address: _____ City: _____ ZIP: _____

Mailing Address (if different than above) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____ @ _____

Personal website: http:// _____

Your name will be listed in the UUSS Directory. May we also list your:

Residence Address: _____ **Mailing Address:** _____ **Home Phone:** _____

Cell Phone _____ **Email Address** _____

You are completing this record as a . . . Member / Friend

Your Birthday (m/d/y): _____ / _____ / _____

Please Circle Marital Status: Single Married/Partnered Divorced Widowed

Name of Spouse or Partner: _____ Anniversary: _____ / _____ / _____

Children	Age	Birth date	School and Grade (if school-aged)

Include any other children's names on reverse. There is room for additional information on the Child Religious Education Registration form.

Who should be contacted in case of an emergency in your life?

Name: _____ Phone _____ Relationship: _____

Skills and Interest

Current or former work: _____ Retired? Yes: ___ No: ___

Special interests, talents or skills: