Application for Membership in

The Unification Church



(Please fill out as thoroughly as possible)

FULL NAME								
	LAST		FIRST	MIDDLE				
ADDRESS								
	STREET		CITY	STATE	ZIP			
TELEPHONE .			DATE OF	BIRTH				
	(Include Area Code)			Month/Day/Year				
CITIZENSHIP		SEX	_MF	MARITAL STATUS				
NAME OF PA	RENT OR GUARDIAN							
ADDRESS				TELEPHONE				

RELIGIOUS BACKGROUND								
HOW DID YOU HEAR ABOUT THE UNIFICATION CHURCH?								
AT WHAT CENTED DID VOIL CTUDYS								
AT WHAT CENTER DID YOU STUDY?								
WHO TAUGHT YOU THE DIVINE PRINCIPLE?								
WHAT ATTRACTED YOU TO FURTHER STUDY?								
WHEN DID YOU ACCEPT THE TEACHINGS?								
D	N. I.G. (TVO)	GI GI						
DATE OF AP	PLICATION	SIGN	ATURE					

*****PLEASE COMPLETE SUPPLEMENTARY INFORMATION ON OPPOSITE SIDE*****

EDUCATION (Highest grade or y	year completed)		
DIPLOMAS OR DEGREES			
EDUCATIONAL HISTORY:			
School	Location	Years Attended	Major
	*************	*	
OCCUPATION			
RECENT WORK HISTORY (Give	e employer, location, job, dates):		
1.			
2.			
3.			

CDECIAL CUILLS AND INTEDE	CCTC (Assistance - Marian		
SPECIAL SKILLS AND INTERE	ESTS (e.g. typing, guitar, writing ability); 	