

UMACBA Application for Membership

www.umacba.org

New Member Renewal Member Emeritus Member Must register annually but dues are waived

Mr. Ms. Rev. Other _____ For the calendar year _____

Name _____ Job Title _____

Business address: _____

Home address: _____

Business telephone: _____ Home telephone: _____

Preferred mailing address: Business Home Email _____

Church membership: _____ Date joined: _____

Employed by: _____ Date employed: _____

Jurisdiction Annual Conference District

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

CE taken toward UMACBA recertification (with date and location) since last membership renewal _____

I am interested in Certification and NICFA information at Candler School of Theology. Yes Not at this time

I am interested in: Volunteering as a Certification Mentor Having a Certification Mentor Not at this time

I am interested in serving UMACBA in a leadership role. Yes Not at this time

I first learned about UMACBA from _____

Comments:

Signature _____ Date _____

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

UMACBA
General Council on Finance and Administration
1 Music Circle North
PO Box 340029
Nashville, TN 37203-0029

