

4599 Carpenter Road, P.O. Box 6010, Ann Arbor, MI 48106

## **MEMBERSHIP RENEWAL 2024**

Please Print Clearly	
Mr. Mrs. Ms. Name:	
Address:	
City, State, Zip:	
Phone(s)	(Home/Work/Cell
E-mail:	
Emergency contact:	Phone:
By Signing below, I agree to live the <u>Mission</u> and <u>Vision</u> to the best of my ability:	of this Ministry by performing the following
1) To commit my <u>Time</u> in attendance of services and e	events as part of the ministry.
2) To utilize my <u>Talents</u> in "Sacred Service" in support	of the ministry.
3) To share my <u>Treasure</u> through regular Donations or	Tithing to the ministry.
4) To honor the <u>True</u> nature of my Spiritual being thro	ough Prayer.
Signature	Date
Please return signed form to the church or staff@unitya Thank you for your prayerful consideration to joi	
Unity of Ann Arbor Board Approval:	
By (Print):	<del></del>
Signature	Date