



CHURCH *of* UNIVERSAL LOVE

www.churchofuniversallove.com
universallovetoronto@gmail.com

MEMBERSHIP - 2025

APPLICATION FORM: JAN 01 TO DEC 31 2025

Please Print clearly

Date: _____

New Member

Renewal - Membership # _____

Please choose: Miss. Ms. Mrs. Mr. Rev.

Given Name _____ **Surname** _____

For Family Memberships please provide names, includes two in the family

Given Name _____ **Surname** _____

*Please note: all family members must live at the same address

Mailing Address: _____

Number, Street Name, Apt#, City, Province, Postal Code

Telephone Number: _____ **Cell/Business** _____

Email address: _____

Membership Rates: Single **\$30.00** Family **\$35.00** Senior **\$20.00**

Name to display on tax receipt if different from above: _____

**Receipts issued only by request over \$30.00*

What types of courses, speakers or events would you like to see at Church?

Please check (all that apply) if you'd like to help volunteer.

In person at the church

Sunday Morning Greeter

Healer at Church events

Help setup for services and events

Help clean the Church

Lead (or work with lead) on charitable projects

Virtual

Host Zoom events

Other?

Please note that most communication will be by email. Please keep up to date with any changes.

Pursuant to Section 39(1) of the Freedom of Information and Protection of Privacy Act, the Church of Universal Love uses membership information for its own purposes only. No personal information is shared with other organizations without the prior consent of its owner.