



Application for Membership

A.C.T. Dominion Regional Council #31
Regional: 86 Livingston Close. Red Deer, AB T4R 0S8
Tel:(587)377-4211 Email: actregional31@gmail.com
E-Transfers to: actuct31treasurer@gmail.com
www.actuct.com

New Member Information:

Name of council applicant will belong to _____ Council No.: _____

Council City: _____ Prov.: _____

Applicant Name, first: _____ MI: _____ Last: _____

Address: _____ City: _____ Prov.: _____

Postal Code: _____ Home Tel.: (____) _____ Bus. Tel.: (____) _____

Birthday: _____
MM/DD/YY

Email Address: _____

Has the applicant ever been a member of UCT? YES NO If "Yes," list member No.: _____

Is the applicant's spouse a member of UCT? YES NO If "Yes," list member No.: _____

Member Dues Submitted with Application.....\$ _____

"Membership Payments can be sent by E-Transfer to: actuct31treasurer@gmail.com Please put in the notes who and what the payment is for."

Please enroll me for membership in UCT. I understand UCT is a fraternal benefit society and agree to abide by the Society's Constitution and Bylaws.

Applicant's Signature: X _____ Date: _____
MM/DD/YY

For Completion by Sponsoring Member

This is to certify that I am acquainted with the applicant and hereby recommend the applicant for membership. Sponsoring Member Name (Please Print): _____ Address: _____

City: _____ Prov.: _____ Postal Code: _____

Sponsoring Member No.: _____

Sponsoring Member's Signature: X _____ Date: _____
MM/DD/YY

For Completion by Council Secretary if Necessary

Council Action: Approved Disapproved

Secretary's Signature: _____ Date: _____
MM/DD/YY