



Application for Membership

The Order of United Commercial Travelers of America • A Fraternal Benefit Society
1801 Watermark Drive, Suite 100, Columbus, Ohio 43215-8619
Tel: 614.487.9680 • Toll-free: 800.848.0123 • Fax: 800.948.1039 • www.uct.org

Canadian Office:

P.O. Box 57261, Sunridge RPO, 135, 2525-36th St. N.E., Calgary, AB T1Y 6R4
Tel: 403.277.0745 x1216 • Toll-free: 800.267-2371 x1216 • Fax: 403.277.6662

Proposed 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/YYYY

Email Address: _____ Sex: Male Female

Is applicant currently insured with UCT? Yes No

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

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

Fraternal Membership – No Insurance Purchased

Member Dues\$18.00

Enter Local Council Dues (check with local council)\$ _____

Enter GST/HST\$ _____

Total Dues Submitted with Application\$ _____

GST/HST by Province:

AB, BC, MB, QC, SK	\$0.90
ON	\$2.34
NB, NS, NL, PEI	\$2.70

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: _____

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/YYYY

For Completion by Council Secretary if Necessary

Council Action: Approved Disapproved

Secretary's Signature: _____ Date: _____