

Eastern Region Youth of Unity Application for Chapter Membership

Our purpose and goal is to unify all young people who are seeking to express the indwelling Christ in accordance with the principles of practical Christianity as taught and interpreted by Unity Institute and the Association of Unity Churches International. Please fill out this Application and send to Y.O.U. Consultant.

NAME OF MINISTRY _____ **PHONE:** _____

ADDRESS _____ **E-MAIL:** _____

CITY _____ **STATE** _____ **ZIP** _____

Minister's Name _____

Sponsor's Name _____ Phone: _____

Address _____

City _____ State _____ Zip _____

Membership: Youth attending high school. Minimum age 14 maximum age 18. Number and ages of Youth in Group.

14 _____ 15 _____ 16 _____ 17 _____ 18 _____

Place of Meetings _____

Meetings are held: Weekly _____ Bimonthly _____ Monthly _____

Fellowship activities include _____

In the space provided, please include other pertinent information regarding the YOU _____

Sponsor's signature _____ Date _____

Minister's signature _____ Date _____

Mail to: Jane Harden
Eastern Region YOU Consultant
1865 Laurel Mountain Dr
Salem, VA 24153

Once signed by Sponsor and Minister and sent to Y.O.U. Consultant, Certificate of Chapter Membership will be forwarded.