



Unitarian Universalists for Polyamory Awareness

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STOCKTON CA 95207-6014

www.uupa.org
uupa@uupa.org

Local Contact / Local Chapter Application / Annual Update

Individuals applying to become or renew your status as a UUPA **Local Contact** need to complete the first page only. Groups applying to become a Local UUPA **Chapter** or renew their Chapter recognition for another year must complete both pages, so that the Local Chapter consists of a Local Contact and two additional Core Members.

Send completed form to UUPA at the address above. Effective October 20, 2001, no fees are charged to become a Local Contact or Chapter. Annual Chapter renewals are required by UUPA Bylaws.

Local Contact Application

Name: _____

Preferred name: _____

Address: _____

Phone: _____

E-mail: _____

UU Congregation: _____

I agree to be available in the following way(s) (please check all boxes which apply):

WEBSITE: I give my permission for the following to appear on UUPA's **website** as Local Contact information:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> First Name | <input type="checkbox"/> First and Last Name | <input type="checkbox"/> Address listed above | <input type="checkbox"/> Alternative address: |
| <input type="checkbox"/> Last Name | <input type="checkbox"/> Preferred Name | <input type="checkbox"/> City & State only | |
| <input type="checkbox"/> Email address | <input type="checkbox"/> Phone Number | <input type="checkbox"/> UU Congregation | |

PUBLICATIONS: I give my permission for the following to appear in UUPA's **print publications** as Local Contact information:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> First Name | <input type="checkbox"/> First and Last Name | <input type="checkbox"/> Address listed above | <input type="checkbox"/> Alternative address: |
| <input type="checkbox"/> Last Name | <input type="checkbox"/> Preferred Name | <input type="checkbox"/> City & State only | |
| <input type="checkbox"/> Email address | <input type="checkbox"/> Phone Number | <input type="checkbox"/> UU Congregation | |

DO NOT PUBLISH: I do not wish my information to be published. I agree to contact local people with inquiries who are referred to me by UUPA.

I confirm each of the following (please read and check each box):

- I am an Active UUPA member **OR** my individual membership application/renewal form is enclosed
- I am a member of the above UU congregation
- I hereby apply to serve as a UUPA Local Contact
- If approved by the UUPA Board, I agree to accept referrals from UUPA of persons in my region seeking information on polyamory and/or Unitarian Universalism and to contact these persons.
- I agree to comply with the UUPA bylaws and rules governing local contacts and Local Chapters.

Signature: _____ Date: _____

For Chapter Applications or Renewals, proceed to the next page.

UUPA Chapter Application

- New Chapter**
- Annual Renewal**

The following two persons join the Local Contact person above in applying to be designated as the Core Members of a new or renewing Local Chapter of UUPA.

Second Core Member:

Name: _____ Preferred name: _____

Address: _____ Phone: _____

_____ E-mail: _____

_____ UU Congregation: _____

I confirm each of the following (please read and check each statement

- I am an Active UUPA member **OR** my individual membership application/renewal form is enclosed
- I am a member of the above UU congregation
- I hereby apply to be designated by the UUPA Board of Trustees as a Core Member of a Local Chapter of UUPA.
- I agree to comply with the UUPA bylaws and rules governing Local Chapters.

Signature: _____ **Date:** _____

Third Core Member:

Name: _____ Preferred name: _____

Address: _____ Phone: _____

_____ E-mail: _____

_____ UU Congregation: _____

I confirm each of the following (please read and check each statement):

- I am an Active UUPA member **OR** my individual membership application/renewal form is enclosed
- I am a member of the above UU congregation
- I hereby apply to be designated by the UUPA Board of Trustees as a Core Member of a Local Chapter of UUPA.
- I agree to comply with the UUPA bylaws and rules governing Local Chapters.

Signature: _____ **Date:** _____

Chapter Information:

Name of Chapter: _____

Congregation or Region to be Served (e.g., Shoreline UU Church, Metropolitan Cleveland, Southern Utah):

Brief Chapter update

Please include:

- * Upcoming activities & plans
- * Chapter Meeting Schedule

Renewing chapters include:

- * Activities since last update

*Attach additional page
if necessary*

Thank you!