



Membership Application

Date _____

Mr./Mrs./Ms. _____ D.O.B _____

Street Address _____

City/State _____ Zip Code _____

Phone Number (_____) _____ Cell Phone (_____) _____

Email Address _____

Current Membership No. _____ (be assigned by board members)

Annual Membership Dues:

Adult: \$30.00

Youth (Under 17): \$10.00

Annual Corporate Sponsors: \$150.00

Please make all checks or money orders payable to: Urban Outreach Association Griffin, Inc.

Thank you for your support!

Please provide any suggestions or areas of improvement that you would like to see take place in your community that we (UOA Griffin, Inc.) can help you achieve.
