



# Application for Membership

The Order of United Commercial Travelers of America • A Fraternal Benefit Society  
1801 Watermark Drive, Suite 100, P.O. Box 159019, Columbus, Ohio 43215-8619  
Tel: 614.487.9680 • Toll-free: 800.848.0123 • Fax: 800.948.1039 • www.uct.org

### Proposed Member Information

Name of council Applicant will belong to: \_\_\_\_\_ Council No.: \_\_\_\_\_

Council City: \_\_\_\_\_ State: \_\_\_\_\_

Applicant Name, First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Tel.: ( \_\_\_\_\_ ) \_\_\_\_\_ Bus. Tel.: ( \_\_\_\_\_ ) \_\_\_\_\_

Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*Month Day Year*

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.: \_\_\_\_\_

### Member Dues Collected (check one)

**Member Dues** – when purchasing insurance .....\$30 minimum

**Fraternal Membership** – no insurance purchased (\$12 + \$18 minimum Member Dues).....\$30 minimum

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.

THE ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA IS LICENSED TO DO BUSINESS IN THE STATE OF OHIO. AS A MEMBERSHIP ORGANIZATION, FRATERNAL BENEFIT SOCIETIES ARE NOT INCLUDED IN THE OHIO GUARANTY ASSOCIATION. THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A POLICYHOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE POLICY ISSUED BY THE SOCIETY.

**Applicant's Signature: X** \_\_\_\_\_ Date: \_\_\_\_\_

### For Completion by Sponsoring Member/Agent

This is to certify that I am acquainted with the applicant and hereby recommend the applicant for membership.

Sponsoring Member/Agent's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sponsoring Member/Agent No.: \_\_\_\_\_

**Sponsoring Member/Agent's Signature: X** \_\_\_\_\_ Date: \_\_\_\_\_

### For Completion by Council Secretary if Necessary

Council Action:  Approved  Disapproved

Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_