



# 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  
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Canadian Office: 901 Centre Street North, Room 300, Calgary, AB T2E 2P6  
Tel: 403.277.0745 • Toll-free: 800.267-2371 • Fax: 403.277.6662

### 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.

**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: \_\_\_\_\_