



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: _____ - _____ - _____
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: _____