



EdwardsvilleUnity

Membership Application

Turn in completed forms at regularly scheduled meetings. See [Facebook.com/edwardsvilleunity](https://www.facebook.com/edwardsvilleunity) for schedule.

Name _____

Phone Number _____

Email Address _____

Your reason for Joining Edwardsville Unity? _____

What groups or organizations do you represent or work with? _____

What skills and abilities do you have to offer the organization? _____

What do you hope to gain from your affiliation with Edwardsville Unity? _____

By signing this application you are committing to promote racial, religious and cultural harmony through collaboration, education and community-building.

Applicant Signature

Date

Board Member Signature

Date