



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.

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: _____