



# 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

**Canadian Office:**

P.O. Box 57261, Sunridge RPO, 135, 2525-36th St. N.E., Calgary, AB T1Y 6R4  
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: \_\_\_\_\_ Prov.: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Birthday: \_\_\_\_\_  
MM/DD/YYYY

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

<b>Fraternal Membership – No Insurance Purchased</b>	
<b>Member Dues</b> .....	<b>\$18.00</b>
<b>Enter Local Council Dues</b> (check with local council).....	<b>\$</b> _____
<b>Enter GST/HST</b> .....	<b>\$</b> _____
<b>Total Dues Submitted with Application</b> .....	<b>\$</b> _____

<b>GST/HST by Province:</b>	
AB, BC, MB, QC, SK	\$0.90
ON	\$2.34
NB, NS, NL, PEI	\$2.70

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: \_\_\_\_\_  
MM/DD/YYYY

**For Completion by Sponsoring Member**

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

Sponsoring Member Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Sponsoring Member No.: \_\_\_\_\_

**Sponsoring Member's Signature: X** \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

**For Completion by Council Secretary if Necessary**

Council Action:  Approved  Disapproved

Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY