

Membership Registration form

Attach photo of applicant	Family Name		Middle Name	
	Given Name		Nationality	
	Date of Birth	(mm/dd/yy)	Sex	(M · F)
	Birth Place		Former religion	
	Spiritual Parent:			
Marital Status	Married / Single / Divorced / Widowed			
Number of Children	None / () son(s) / () daughter(s)			
Address/Street				
State/Province				
Zip/Postal Code		Country		
Tel:	(Office) (Home)	FAX	(Office) (Home)	
Cell Phone		e-mail		

I believe and agree to the values set forth by the Family Federation for World Peace and Unification (FFWPU) and hereby submit my application to be accepted as a member of the Federation.

Applicant's Signature: _____

Date: _____

Submitted to the President of the Family Federation for World Peace and Unification

FOR OFFICIAL USE		No.	
Date of Joining FFWPU	(mm/dd/yy)	Filed on:	(mm/dd/yy)
Signature of Church Leader		Signature of HR Director	
Signature of District Leader		Signature of National Leader	

Family Federation for World Peace and Unification

Membership Registration form

Education				
Years		Name of School/Institution	Complete Mailing Address	Major or Degree
Enrolled (mm/dd/yy)	Completed (mm/dd/yy)			
Past and current occupations and professions				
Years in Service		Name of Company	Complete Mailing Address	Job Description
From (mm/dd/yy)	To (mm/dd/yy)			
Workshops or seminars that you have attended				
Date		Name of Workshop	Location	Type
Began (mm/dd/yy)	Completed (mm/dd/yy)			
Remarks:				