2006
UNION AUXILIARY MEMBERSHIP APPLICATION

Name _____
(Mrs. Miss Dr. Mr.) *First* *Last*

Spouse's Name _____
First *Last*

Street Address _____

City/State/Zip _____ Home Tel. _____

Church Attending _____

If you are making a memorial gift, please list the honoree: _____

If you would like to volunteer for Union Auxiliary service, please fill out the above information and list your area of interest. _____

_____

Please enroll me at the following level:

- ❒ Ethel Watters Scholarship Circle $1,000
- ❒ Mary Jean Craig Scholarship Circle $500
- ❒ Joyce Barefoot Scholarship Circle $250
- ❒ Partner $25+
- ❒ Named Endowment Fund $10,000+

You may mail your gift to:

The Union Auxiliary
Attn: Cindy Meredith
Box 1804
1050 Union University Drive
Jackson, Tennessee 38305-3697