

UKRAINIAN AMERICAN BUSINESS AND PROFESSIONALS ASSOCIATION, INC. (UABPA) MEMBERSHIP/RENEWAL FORM

All prospective members of UABPA are required to complete this registration form. Indicate any changes; Membership runs for one (1) year from your approval. **NEW MEMBERSHIP** **RENEWAL** **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms		
NAME						
COMPANY				MAIN TELEPHONE		
ADDRESS 1				WORK TELEPHONE (if different)		
ADDRESS 2				HOME TELEPHONE		
TOWN/CITY				MOBILE PHONE		
ZIP CODE				PRIMARY EMAIL		
JOB TITLE:				SECONDARY EMAIL		

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
INDIVIDUAL	This category is reserved for business owners, business associates, business professionals, who share the mission of the Association and aspire to be involved in the Association by participating in elections and running the Association, so long as same are not first eligible as Corporate Members.	\$250.00	
CORPORATE	This category shall have two (2) sub-tiers: a. Firms, Corporations, Partnership and other Entities: This sub-category is reserved for any company with more than two (2) owners, partners, or two (2) or more employees.	\$500.00	-----
	b. Not-for-Profit Organizations: Any entity qualified as a Not-for-Profit under an applicable section of 26 U.S.C. § 501(c).	\$250.00	
ASSOCIATE	This category is open to those individuals that share the views, missions and goals of the Association and would like to be an active non-voting and non-electable participant.	\$50.00	
PAYMENT METHOD	<input type="checkbox"/> Institutional Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash		

SECTION 3: DEMOGRAPHIC INFORMATION:

Date of Birth: _____ Place of Birth: _____

Years in current profession/in business: _____

Your goals for this organization: _____

I hereby acknowledge the above information is true and accurate and authorize the UABPA to review this application and approve/deny my membership pursuant to their by-laws. I acknowledge that my membership is effective only from the date of approval by the UABPA and in the event of a denial, my membership fee will be returned to me within fourteen (14) days of denial.

Signature: _____ **Date:** _____

To pay by check: Send a check payable to UABPA c/o Ivana Lotoshynski, 250 Passaic Ave., Suite 230, Fairfield, NJ 07004
Regardless of payment method used, please **make sure to send a copy of your membership form** to info@uabpa.org

<i>Official Use:</i>	
Fee of _____ .00 ___ Unpaid ___ Paid on _____	Membership Application ___ Approved ___ Denied
Method of Payment: _____	Date of Approval/Denial _____
Received and Processed by: _____	