



UTS – Application for Membership

PERSONAL

Applicant's Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Fax Number: _____

E-Mail Address: _____

Describe your Ukrainian Heritage: _____

EDUCATION

School	Location	Course of Study	Dates Attended/Degree

PROFESSION

Employer	Position Held	Dates

AWARDS AND ACCOMPLISHMENTS

(Please include awards, publications, patents, licenses, etc.)

PROFESSIONAL ASSOCIATION MEMBERSHIPS

ADDITIONAL INFORMATION

Applicant's Signature: _____ Date: _____

For Committee Use:

Membership Committee Recommendation: _____

President's Signature: _____ Date: _____