

**Universal Plan – I Membership Application**

**Administered by: Universal Association**

P.O. Box 568 / Tarpon Springs, FL. 34688, Ph. # 727-942-0005

**Primary Applicant:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home Ph. # \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Members:**

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child #1 \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child #2 \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child #3 \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Total Costs**

**Application Fee** \$18.00

(One time only)

**Monthly Dues** \$26.50

**Total Collected** \$44.50

For more children print the form twice and add just the children's names to the second form.

**Bank Draft Authorization – First and all payments will be drafted.**

I hereby request to make membership payments via Bank Draft and authorize you to pay checks drawn on my account provided there are sufficient collected funds therein. **Draft on 3<sup>rd</sup> \_\_\_\_ 18<sup>th</sup> \_\_\_\_** of each month or Annual \_\_\_\_

Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Acct.# \_\_\_\_\_

X \_\_\_\_\_  
(Signature of Depositor)

**Credit Card Authorization**

I hereby request to make membership payments via Credit Card and authorize you to process payments on my:

Visa \_\_\_\_ MasterCard \_\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

X \_\_\_\_\_  
(Signature of Card Holder)

**Representative:** Vincent K. Blair, 314-961-7777, Enroller # 346501224 **Date:** \_\_\_\_\_