Official Use Only:

Membership Number: _____

Expiration Date: _____

Paid: _____

United Methodist Association of Preschools
Individual Membership
Application/Renewal Form

Please type or print information below.

Individual Membership One (1) Year: Application/Renewal Fee $25.00

Date of Application: _____

Name: _____

Street: _____

City: _____ State: _____ Zip:_____

E-mail: _____

Home Telephone: (_____) _____ Have you attended a UMAP event? _____

Are you employed by a UMAP school? _____

School Name: _____ Address: _____

City: _____ State: _____Work Telephone (_____)_____

Return this completed application with a $ 25.00 check payable to UMAP.

Mail to:

Stacey Duggar
Trinity United Methodist Preschool
PO Box 1086
Tallahassee, FL 32302