



United Methodist Association of Preschools
Individual Membership
Application/Renewal Form

Individual Memberships are for a THREE YEAR period. Fee is \$60.00 for three years.

Date of application _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

(Certificate will be delivered by email. Please write clearly.)

Cell Phone _____

School Name _____

Director's Name _____

Director's email _____

Have you ever attended a UMAP event? _____

Are you at a UMAP Member school? _____

*Is this a renewal application? Yes _____ No _____

*If so, please note member # here _____

Please send with check in the amount of \$60.00, payable to UMAP to:

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

To pay with credit card, complete and email
sduggar@tumct.org:

Request invoice

Name on card: _____

Number: _____

Expiration date: _____

Zip code: _____

CVV _____

3% surcharge + \$60 = \$61.80

Form updated 7/31/2020

For Official Use

Membership # _____

Expiration Date _____

Check # _____