

# The Society for Community Ministries Membership Application

*(Please print & mail to the address below)*

Today's Date:					
Name:					
Address:					
City, State, Zip					
E-mail Address:					
Home Phone:		Day Phone:			
My Call to Ministry: (please check)		<input type="checkbox"/> LAY	<input type="checkbox"/> CLERGY	<input type="checkbox"/>	<input type="checkbox"/> UNDECIDED
Please describe your (call to) community ministry:					
What is the greatest challenge to your community ministry?					
Which specific UU organization(s) spiritually support your call to ministry?					
If you are in UUA Fellowship, by which specific UU organization(s) are you officially "endorsed" (sometimes known as 'affiliated') in writing?					
Your ministerial category: (please check all that apply)					
<input type="checkbox"/>		Lay person working independently of a UU organization			
<input type="checkbox"/>		Lay person whose work is spiritually supported by a UU organization			
<input type="checkbox"/>		Seminararian – UUA Aspirant Status			
<input type="checkbox"/>		Seminararian – UUA Candidate Status			
<input type="checkbox"/>		Theological school graduate – UUA Fellowship <b>not</b> in process			
<input type="checkbox"/>		Theological school graduate – UUA Fellowship in process			
<input type="checkbox"/>		Theological school graduate with Preliminary UUA Fellowship			
<input type="checkbox"/>		Theological school graduate with Final UUA Fellowship			
<input type="checkbox"/>		Ordained with UUA Fellowship			
<input type="checkbox"/>		Ordained without UUA Fellowship			
<input type="checkbox"/>		Member, Unitarian Universalist Minister's Association (UUMA)			
<input type="checkbox"/>		Other: (describe)			
If fellowshiped by the UUA, your ministerial specialty: (check all that apply)					
→ → → →		<input type="checkbox"/> comm. min.	<input type="checkbox"/> parish	<input type="checkbox"/> religious ed.	
<b>Year fellowshiped:</b>					
Please check your area(s) of ministry below:					
<input type="checkbox"/>		The Arts (describe):			
<input type="checkbox"/>		Academia/Education/Writing		<input type="checkbox"/> Pastoral Care/Counseling	
<input type="checkbox"/>		Campus Ministry		<input type="checkbox"/> Prison Ministry/Chaplaincy	
<input type="checkbox"/>		Community Services/Justice		<input type="checkbox"/> Rites of Passage (weds/unions, etc.)	
<input type="checkbox"/>		Domestic Violence		<input type="checkbox"/> Spiritual Direction	
<input type="checkbox"/>		Ecology/Environmental		<input type="checkbox"/> Spiritual Retreats	
<input type="checkbox"/>		Healthcare Org. Chaplaincy		<input type="checkbox"/> UUA Staff	
<input type="checkbox"/>		Homeless/Street/Urban Ministry		<input type="checkbox"/> Youth Ministry	
<input type="checkbox"/>		Organizational Services		<input type="checkbox"/> Young Adult Ministry	
<input type="checkbox"/>		Parish Ministry			
<input type="checkbox"/>		Other? Please describe:			

***By submission of this application, you agree to support the by-laws & purposes of SCM and to follow the SCM Code of Professional Practice.***

Send annual membership dues (check payable to 'SCM') to:

**Jane Mansfield, SCM Bookkeeper, P.O. Box 262, Wayland, MA 01778 (jpm8832@comcast.net)**

**Regular Membership: \$75/yr.**

50% Economic & 70% Student Waivers available at:

<http://www.slm.siteblast.com/custom.asp?id=16149&page=12>