



Application for Membership at Unity of Music City

*We are so grateful for your interest in our spiritual community.
This form provides basic contact information and a statement of your intention
to become an active voting member of Unity of Music City.*

Membership is available to adults aged 18 years and older. Members are asked to be engaged in this spiritual community through

- attendance (in person and/or remotely) at services, educational offerings and/or events and
- sharing of their time, talents and financial gifts.

In accordance with our bylaws & procedures you will be asked to

- complete an online class about our spiritual community,
- consider how our beliefs resonate with your experience,
- meet with someone from our membership and
- participate in a Celebration Ceremony to finalize our shared commitment to each other.

Choose an option:

- I am applying as a new member. I am applying as a returning member.

First Name _____ Last Name _____

Email _____

- I want to subscribe to the weekly newsletter email list.

Address _____

Phone No _____

Are there multiple members of your family that will be included in this application?

If so, please add their names here including ages for children.

Core Defining Statements of Unity of Music City

Purpose: We create a sacred space for authentic transformation.

Vision: We remember the Universal Presence alive in each of us.

Mission: We create experiences for expanding consciousness and awakening infinite possibilities.

Unity of Music City is an affirming interfaith spiritual community.

- We honor the unique path of each person's spiritual journey.
- We encourage a heart-guided exploration of the Truth in all faith traditions.
- We strive to be a presence that contributes to the well-being of all.

I verify that I am 18+ years old. I am aligned with the Core Defining Statements of Unity of Music City. It is my intention to apply for membership in Unity of Music City to support its purpose, vision and mission.

I may be contacted via email, mail and/or phone as indicated above to discuss this application.

My application information may be shared with members of the Executive & Leadership Council members as necessary to become a member at Unity of Music City.

I give permission for the church office to share the selected information if another member requests it or to put in the church directory. Email Address Phone Number

Signature _____ Date _____

Mail to: Unity of Music City, 826 Wren Road, Goodlettsville TN 37072 or Email to: UnityofMusicCity@gmail.com (615) 847-7480