



Universal Brotherhood Movement, Inc. Privacy Form

Name: _____

Gender: Female _____ Male _____

Address 1: _____

Address 2 (optional) : _____

City: _____ Province / State / Territory: _____

Zip / Postal Code: _____ Country: _____

Email Address: _____

Home Phone : _____ Business Phone : _____

Fax : _____ Mobile Phone: _____

Do you grant permission to share your contact information with Universal Brotherhood University (our division of higher education)? _____ YES _____ NO

Do you grant permission to share your contact information with other UBM members?
_____ YES _____ NO

Do you grant permission to share your contact information with others seeking any services you may provide?
_____ YES _____ NO

I am a Minister Director? _____ YES _____ NO

The question below applies to Minister Directors only:

As a Minister Director I grant permission to share my contact information with those seeking ordination. _____ YES _____ NO

Note: As a Minister Director if you choose "No" to the above question, then we (Universal Brotherhood Movement, Inc.) will assume you are no longer interested in holding the position of Minister/Director and your name will be removed from the Minister Director list. You will revert to being a minister and no longer be allowed to ordain others.

Date: _____

Signature : _____