

UNITY OF GAINESVILLE, FL
FORM FOR DIRECTORY 2021

***Please enter only the information you would like to have
Included in the directory***

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Email address: _____

Occupation: _____

Do you have skills you would like to share with others for barter or pay or free? _____

If so, what are they? _____

Are you a member? _____ How long? _____ Non-member? _____

Other family members to be included in your listing (not as a separate listing) _____

Name & Relationship: _____

Information to include about them: _____

Name & Relationship: _____

Information to include about them: _____

Name & Relationship: _____

Information to include about them: _____

Do you give your permission to release this information to others within the congregation? _____

Yes _____ No: (if not, only your name will appear in the Directory) _____

(write on back if needed)