



U.P. Lift

• Chapter Registration Form •

Please complete and send to:
2550 Hamilton Mill Rd, Ste. 300
Buford, GA 30519

or

FAX to 770-818-5469

or

Attach and send to admin@thesource.church

Chapter Name

Individual membership (Starting Retainer: \$65.00)

Friends or Family members, including individual riders who wish to establish an Individual Account. Please add to \$15.00 Application fee.

Services Provider membership Starting Retainer/Donation: \$500.00)

If you are creating a chapter for your community or organization for your members, clients or affiliates

Corporate membership (Starting Retainer/Donation: \$700.00)

Any organization that supports the work of UP Lift and may wish to sponsor rides for designated persons in need. Includes recognition on UP Lift's Website and Registration Fees waived for up to 25 Riders.

Corporate multi-site membership (Starting Retainer/Donation: \$3,000.00 up to 4 site locations)

For organizations and businesses that actively support our cause and UP Lift mission. Includes everything covered under the corporate membership, plus promotion of your business's profile and logo on our website and periodic updates in social media of the rides provided.

Membership level Starting Retainer/Donation

- Individual membership (Starting Retainer: \$65.00)
- Service Provider member (Starting Retainer: \$500.00)
- Corporate membership (Starting Retainer: \$700.00)
- Corporate multi-site membership (Retainer: \$3,000.00 up to 4 site locations)

Service Provider member contact information

First name _____ Last name _____

Street address _____ Street address line 2 _____

City _____ State _____ Zip code _____

Nature of needs for transportation _____

Phone number _____

Corporate membership information (if applicable)

Business/Organization name

Website

Primary contact name

Primary contact email

Position

Phone number

Street address

Street address line 2

City

State

Zip code

Names of volunteer Chapter Coordinators under Service Provider/Corporate membership (list up to three)

Name

Email address

Name

Email address

Name

Email address

Each membership, except Individual must provide the name(s) of 1-3 individuals to act as Chapter Coordinator(s). The named individuals must agree to provide a minimum of 5 volunteer hours/week. Duties and responsibilities include distribution in person or by mail of Rider Applications, Assignment of Rider ID, inclusion in local excel database and updates, sending or providing Rider Packet materials, attendance at 1 Rider Travel Training for Chapter.

First name

Last name

Primary phone number

Secondary phone number

Duration of membership

From (date of membership approval) to (date of membership renewal).
Chapter memberships are renewed annually.

Select Annual or Multiple Year. Discount of 25 % for multiple year membership.

1-Year

3-Year

5-Year

Payment by check, credit card or PayPal

Credit Card

Expiration
Date

3-Digit
Security

Card Zip Code

For more information please Contact: UP Lift, 2550 Hamilton Rd, Buford, GA 30519 or Call

404-419-6264 (for Rides)

OR admin@thesource.church

Website: www.uplifts.org