

CHURCH ASSOCIATE MEMBERSHIP APPLICATION



National Spiritualist Association of Churches

Summerland Church of Light, NSAC

NAME OF CHURCH

CITY, STATE

Name _____

Street address _____

City, State, Zip _____

Phone _____ Birth day (month, day) _____

Email _____

Occupation _____

APPLICANT STATEMENT

I hereby apply for associate membership in the church named above and confirm my belief in the Religion of Modern Spiritualism and that I have an understanding of the *Declaration of Principles*. I further confirm that I am familiar with the Science, Philosophy, and Religion of Spiritualism, and state that I have received satisfactory evidence of the continuity of life through the demonstration of mediumship. I also acknowledge that I have taken, or will take, the prescribed class "Spiritualism 101" or some such equivalent class.



APPLICANT SIGNATURE

DATE SIGNED

DATE OF APPLICATION: _____ DATE OF BOARD APPROVAL: _____

SIGNATURE OF CHURCH SECRETARY: _____