The Journey Within Spiritualist Church

Annual Membership Application

Membership Type: Single _____ (Membership $30) Family _____ (Membership $40)

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone (home) _____ Birthday (month & date _____

(alternate) _____ Email _____

* * * *

For Family Membership:
(List additional family members below)

Name	Relationship	Birthday (month & date)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

I declare that I, nor any family member included in this membership, am not a Registered Sex Offender __ (check)

I declare that I, nor any family member included in this membership, have not been convicted of a felony. __ (check)

This is just for the confidential knowledge of The Journey Within; it does not mean that you cannot become a member.

Please sign & date: _____

The Journey Within Spiritualist Church
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