## Albertson Memorial Church of Spiritualism

Application for Membership

In applying for membership in Albertson Memorial Church, I confirm my belief in the Religion of Modern Spiritualism and the acceptance of its 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.

Name:		Email:		
Address (Street, To	wn, State, Zip):			
Home Phone:			Date of Birth:	
Business, Profession or Trade:			Work Phone:	
Business Address:			•	
Have you ever beer	a member of an NSAC Church?	Yes		No
Name of most recei	nt NSAC Church:			
Date of Membershi	p: Da	Date Membership Terminated:		
Reason for Leaving:	,			
List any other NSAC	Church(es) in which you may ha	ve previously	, held mem	nbership
Pont's Cignature			Data	
cant's Signature			Date	
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