Membership/Renewal Application Form

Universal Spiritualist Centre
10543 Baker Place En
Maple Ridge, BC, Canada V2W 2B8 Email Address: info@wttsw.com

Only ONE Applicant per Form. P		New	$\overline{}$	Renewal	$\overline{\top}$			
Make Cheques payable to: Universal Spiritualist Centre			 	INEW		Nenewai	Щ	
Submit Payment with Completed Form: e-transfer ibrodie@telus.net				Adult	1	Senior 60+	П	
Full reimbursement made if not	y teruset		\$30.00	+	\$20.00	—		
Please contact the Board to disc	ds or fees if	L concerned.	γου.συ		720.00			
Last Name:		First Nar	First Name:			Title:		
Address:								
City:	Province	::						
Email Address:			Computer	Friendly?	Yes No			
Occupation:	Cell Ph:	II Ph: Hom			h:			
Computer Skills: Y N If Yes – details:								
Available to Volunteer: Yes No If Yes-Preference:								
Please go to our website wttsw.com for up-to-date information and how to register/sign up for Services and Programs. Subscribe to our quarterly Newsletter to see what's coming up. All personal information is Confidential.								
I wish to become a member of the Universal Spiritualist Centre. I agree with the aims and objectives of the USC and will strive to follow them as guided by the Seven Principles of Spiritualism and will uphold the Constitution and Bylaws of the USC Society once approved. Thank you								
Date: YYYY/MM/DD Signature:								
For Board Use Only (Note to 'Date Rec'd by Board:		o the back of plication Re		E-transter	Name, Date, Amour	nt		
Date Approved:			ceipt Issued					
Date Member Pkg Sent:	<u> </u>		te Renewal					
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Date Renewal Pkg Sent:		Ne	xt Renewal	Date:				
Notes:								