



MEMBERSHIP APPLICATION FORM

Mr/Mrs/Ms/Miss Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (A/H) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

E-mail (optional) \_\_\_\_\_ Newsletter by mail? YES / NO

Can you assist the Association in any of the following ways? Please tick if yes:

Spiritual Healing....	Psychometry....	Present a Talk....	Clairvoyance....
Flower Reading....	Other (Please Specify) .....		

Proposer: \_\_\_\_\_ Seconder: \_\_\_\_\_

The Secretary: Please find enclosed my annual membership payment of \$20.00

As a member of the CSA Inc. I uphold the principles of Spiritualism and recognise the usual responsibility and obligations associated in supporting and assisting the Association in whatever way possible, to the best of my ability.