



Spiritualist Church of Canada

Church Membership Application

Name: _____

Address: _____

City/PR/PC: _____

Tel/Fax: _____ Email: _____

Location Of Services: _____

DECLARATION OF PRINCIPLES

We accept the Seven Principles of Spiritualism as set out below, reserving to ourselves the liberty of interpretation.

1. The Fatherhood of God
2. The Brotherhood of Man
3. The Communion of Spirit and the Ministry of Angels
4. The Continuous Existence of the Human Soul
5. Personal Responsibility
6. Compensation and Retribution Hereafter for all the Good and Evil Deeds Done on Earth
7. Eternal Progress Open to Every Human Soul

Pursuant to Section 39(1) of the <i>Freedom of Information and Protection of Privacy Act</i> , by checking this form you are authorizing the Spiritualist Church of Canada to publish your Church's name and other information as required.	<input type="checkbox"/>
Check here to receive emails from the Spiritualist Church of Canada for further correspondences	<input type="checkbox"/>

Signature of two (2) Officers of the Applicant Church

Name: _____ Title: _____

Signature _____

Name: _____ Title: _____

Signature _____

S.C.C. Approved: _____

Signature of President

Date

Remittance Enclosed: \$ _____ For the year ending _____

Fee: \$25 per year (Renewable every January 1st)

Completed statistical form must accompany this application.

3027 New Street, Burlington, Ontario, Canada, L7R 1K3

905-691-7601 info@spiritualistchurchofcanada.com

www.spiritualistchurchofcanada.com





Spiritualist Church of Canada

Statistical Form

Please supply the following information for the year ending December 31, ____

NAME OF CHURCH: _____

ADDRESS: _____

CHURCH PRESIDENT: _____

ADDRESS: _____

POSTAL CODE: _____ **TELEPHONE:** (____) ____ - _____

CHURCH SECRETARY: _____

ADDRESS: _____

POSTAL CODE _____ **TELEPHONE:** (____) ____ - _____

TREASURER: _____

ADDRESS: _____

POSTAL CODE _____ **TELEPHONE:** (____) ____ - _____

1st VICE PRESIDENT: _____

ADDRESS: _____

POSTAL CODE _____ **TELEPHONE:** (____) ____ - _____

DIRECTORS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____





Spiritualist Church of Canada

Statistical Form pg. 2

Number of Church Members: _____

Number of public Church Services in one (1) year: _____

Date of last Annual General Meeting and Election of Officers _____

Number of Board Meetings held during the past year: _____

Number of Development Classes: _____

When Held? Weekly / Monthly: _____

Does your Church hold a Church Charter? Y/N: _____

Report of Church Activities in the past year: _____

Do you have a Church Pastor or Ordained Minister? Y/N _____

Name of Pastor or Ordained Minister (if applicable): _____

Address _____

Postal Code: _____ Telephone: (____) ____ - _____

We hereby certify the above particulars to be correct.

President _____ Secretary _____
Dated at _____ the _____ of _____ 19 _____

***this form is to accompany Annual Church Membership Fee (\$25.00), due January 1st each year.*

