



Spiritualist Church of Canada

Member, Minister, and Church Membership Renewal

Name: _____

Address: _____

Tel/Fax: _____ Email: _____

Signature: _____

Pursuant to Section 39(1) of the *Freedom of Information and Protection of Privacy Act*, by checking this form you are authorizing the Spiritualist Church of Canada to use your information for our correspondence and purposes only.

Annual Membership Fees (due January 1st)

Individual	\$15.00	
Individual - Senior	\$ 7.00	
Church	\$25.00	
Accredited	\$25.00	[Healer __ Lecturer __ Clairvoyant __ (please check)
Accredited - Senior	\$20.00	Healer __] Lecturer __] Clairvoyant __ (please check)
Minister (S.C.C. ordained)	\$50.00	
Minister - Senior (S.C.C. ordained)	\$40.00	

Remittance Enclosed: \$ _____ for the year ending _____

S.C.C. Approved: _____

Signature of President

Date

