



Spiritualist Church of Canada

Member, Minister, and Church Membership Renewal

Name: _____

Address: _____

Tel/Fax: _____ Email: _____

Signature: _____

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 name and other information as required.	
Check here to receive emails from the Spiritualist Church of Canada for further correspondence	

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

