

First Spiritualist Church of Quincy
 40 West Street, Quincy, MA 02169
QuincySpiritualists@gmail.com ~ www.QuincySpiritualists.org

APPLICATION FOR MEMBERSHIP		Definition of Scope and Requirements of Membership	
In applying for membership in the above-named Church, I confirm my belief in the Religion of Modern Spiritualism and the acceptance of its Declaration of Principles. I further confirm that I am familiar with the Science, Philosophy, and religion of Spiritualism and that I have received satisfactory evidence on the Continuity of Life through the demonstration of Mediumship.		<p>Section 1: Age Members must be at least 18 years of age before application for membership can be made.</p> <p>Section 2: Attendance Applicants are required to have attended a minimum of twelve (12) services in this Church within a period of six consecutive months.</p> <p>Section 3: By-Laws All prospective members shall receive a copy of the By-Laws of this Church upon submission of an application for membership, whether the Applicant is transferring from another Spiritualist Church or is applying for the first time.</p> <p>Section 4: Examination All prospective members shall be given an interview and discussion on the By-Laws and principles of this Church. This interview will be conducted to be sure that the applicant understands the tenets of Spiritualism and not to explore the personal beliefs and interpretations of the applicant.</p>	
Name: _____	Date: _____		
Address: _____			
City: _____	State: _____		Zip Code: _____
Date of Birth: _____	Place of Birth: _____		
Phone #: _____	Email: _____		
Business, Profession, or Trade: _____			
Business Address: _____			
Business Phone: _____			
I am at present a member of _____ Church			
Signature of Applicant: _____			
Do you have a service you could offer the church?			
Emergency Contact: _____	Phone: _____		
<i>To Be Completed by the Pastor and Church Secretary</i>			
Affirmation of Faith: _____			
Letter of Transfer/Demit: _____			
Date Approved by Church Board: _____			
Date Approved by Congregation: _____			
Date of Reception (Hand of Fellowship): _____			

Pastor

Church Secretary