

## Application for Membership

*Please complete both pages of this form.*

The **Spiritual Science Fellowship** is the interfaith studies and public services division for persons of all faiths within the **Spiritualist Yoga Fellowship**, a Christian spiritualist religious body or church, incorporated in Canada, in Montreal, Quebec, in 1977. In the USA, the SSF is the spiritual studies affiliate of the **International Institute of Integral Human Sciences**. The IIIHS is a non-profit interfaith religious, educational, and scientific organization incorporated in Quebec, Canada in 1976. It is a Non-Governmental Organization affiliated with the **United Nations Department of Public Information**. Several Educational Programs of the SSF are co-sponsored by the IIIHS.

- I would like to become a general member of the SSF and the IIIHS (\$20 per year).
- I would like to renew my membership (\$20 per year).
- Please send me information on **SSF-IIIHS** International College & other educational programs.

The categories below include basic dues, plus contributions to the support of the SSF.

- Sponsoring Member: \$50 per year
- Sustaining Member: \$75 per year
- Supporting Member: \$100 per year
- Donor: \$300 per year
- Patron: \$500 per year
- Life member/Patron: \$1000 per year

**Note:** All contributions over and above the basic required membership dues are tax deductible in Canada. The SSF is dependent upon donations for its maintenance and growth. Those who believe in the importance of the Fellowship's work are asked to make contributions to its support.

*Please complete both pages of this form, and return it, along with your remittance, to:*

**The SSF**  
PO Box 1445, Station H  
Montreal, QC H3G 2N3  
Canada

**Tel.: (514) 937-8359 Fax: (514) 937-5380**

*(Mon. to Sat., 12 p.m. to 8 p.m.)*

*Please Print*

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

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel.: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Profession: \_\_\_\_\_

Method of Payment (*Payable to **The SSF***):

Cheque  Money Order  Credit Card

### **Credit Card Payment Authorization**

*You may apply by fax, with a credit card.*

Date: \_\_\_\_\_

To the **SSF** (Montreal),

I hereby authorize the amount of \$ \_\_\_\_\_ to be charged to my credit card:

VISA  MasterCard  American Express

Account #: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_