



**The Spiritual Science Fellowship
- Fraternite des Sciences Spirituelles**

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Prof. Marilyn Zwaig Rossner, M.A., Ph.D.
Founder - President

Sr. Minister Michael Hiltz
President – HRM chapter

APPLICATION FOR MEMBERSHIP

I, _____, apply to THE SPIRITUAL SCIENCE FELLOWSHIP (SPIRITUALIST YOGA FELLOWSHIP, CANADA) for membership.

I understand that the SPIRITUAL SCIENCE FELLOWSHIP (SPIRITUAL YOGA FELLOWSHIP) is a charitable, non-Profit inter-faith religious organization which brings together the teachings of Spiritualism and other World Religions with metaphysical thinking, Yoga, healthful living, etc.

I declare that I am of legal age and of sound body and mind and I desire, of my own free will, to join and participate in the activities of the SPIRITUAL SCIENCE FELLOWSHIP.

I understand that the aforesaid activities include scheduled events in which there is from time to time – the imparting of spiritual and psychic experience and information by authorized representatives of the SPIRITUAL SCIENCE FELLOWSHIP.

I am applying for membership out of sincere motivation, after having satisfied myself that the spiritual and psychic experience and information provided by the SPIRITUAL SCIENCE FELLOWSHIP are of a positive, self-enhancing nature.

Therefore, I waiver all rights to claim in the future any damage against the aforesaid organization or its authorized representatives for any alleged ill effects – whether real or imagined – which I or any other parties might later, for whatever reason, attempt to attribute to my participation in the aforesaid activities.

I understand that membership enables me to participate in SPIRITUAL SCIENCE FELLOWSHIP activities, receive the SPIRITUAL SCIENCE FELLOWSHIP News Bulletin and – wherever possible – to have the opportunity to meet with visiting Speakers, and other SPIRITUAL SCIENCE FELLOWSHIP Representatives when various events are scheduled. I also understand that this is for my own personal use and that taping or recording of any kind is NOT permitted.

SIGNATURE: _____

WITNESS: _____

DATE: _____

NAME (Please print): _____

ADDRESS: _____ **Apt:** _____

CITY & PROV.: _____

POSTAL CODE: _____ **TEL #:** () _____

E-mail address: _____

Is this a first application? Yes No *IMPORTANT - \$20 Yearly membership renewal required September 1st

A non profit Fellowship dedicated to the development of the Total Person

Totalite de l'Être – Une Association sans lucratif