



Eternal Life Spiritual Centre

of the
Spiritual Science Fellowship • Fraternité des Sciences Spirituelles



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Prof. Marilyn Zwaig Rossner, EdD., Ph.D.
Founder-President – SSF

Reverend Karen Howard
President – ELSC

APPLICATION FOR MEMBERSHIP

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

I understand that the ETERNAL LIFE SPIRITUAL CENTRE of THE SPIRITUAL SCIENCE FELLOWSHIP (SPIRITUALIST 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 ETERNAL LIFE SPIRITUAL CENTRE 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 ETERNAL LIFE SPIRITUAL CENTRE 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 by authorized representatives of ETERNAL LIFE SPIRITUAL CENTRE of THE SPIRITUAL SCIENCE FELLOWSHIP are of a positive, self-enhancing nature.

Therefore, I waive 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 ETERNAL LIFE SPIRITUAL CENTRE of THE SPIRITUAL SCIENCE FELLOWSHIP activities, have access to ETERNAL LIFE SPIRITUAL CENTRE of THE SPIRITUAL SCIENCE FELLOWSHIP News Bulletin and – wherever possible – to have the opportunity to meet with visiting Speakers, and other ETERNAL LIFE SPIRITUAL CENTRE of THE 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: _____

DATE: _____

NAME: (Please print): _____

ADDRESS: _____ APT: _____

CITY & PROVINCE: _____

POSTAL CODE: _____ TEL. #: () _____

E-MAIL ADDRESS: _____

This is a first application: Yes _____ No _____ **NB: membership \$10.00 renewal September 1st annually**

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Totalité de l'Être • Une Association sans lucrativ
