

CHURCH MEMBERSHIP APPLICATION



National Spiritualist Association of Churches

NAME OF CHURCH

CITY, STATE

Name _____

Street address _____

City, State, Zip _____

Phone _____ Birthday (month, day) _____

Email _____

Occupation (optional) _____

I opt out of receiving NSAC emails

Have you ever been a member of an NSAC Church? Yes No (See Previous Member of Another Church below)

If yes, name of most recent NSAC church _____

Date joined _____ Date terminated _____

Reason for leaving _____

LIST ALL OTHER CHURCHES IN WHICH YOU HAVE HELD MEMBERSHIP

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

Yes No

If yes, this form must be referred to the NSAC Board of Trustees for review

PREVIOUS MEMBER OF ANOTHER CHURCH

If you are moving membership from another NSAC Spiritualist church, you must include a completed NSAC Membership Transfer form with this application.

Members of another denominational church must furnish evidence of withdrawal of membership or a copy of your letter of resignation sent to that church must accompany this application.

APPLICANT STATEMENT

I hereby apply for membership in the church named above, confirm my belief in the Religion of Modern Spiritualism and the acceptance of its Declaration of Principles. I further confirm and accept the NSAC Code of Ethics.



APPLICANT SIGNATURE

DATE SIGNED

RECOMMENDED BY 1. _____ 2. _____

Board/Membership Approval Date

/ /

Right Hand of Fellowship Date

/ /

NSAC TRANSFER / WITHDRAWAL DATE

PASTOR SIGNATURE

CHURCH SECRETARY SIGNATURE

NSAC APPROVAL REQUIREMENT

If applicant previously was a member of an NSAC auxiliary and had left the NSAC, for over 2 years, this application must be sent to the NSAC Secretary's office for Board of Trustees approval prior to acceptance into church membership.

DATE SUBMITTED TO NSAC

NSAC APPROVAL SIGNATURE

DATE APPROVED BY NSAC

DATE RECEIVED FROM NSAC