



Saskatoon Spiritist Society

Membership Application

By signing this application form I hereby agree to:

1. Comply with the SSS Bylaws, Internal Rules and Policies
2. Participate in the activities promoted by the SSS, especially the study groups
4. Be committed to studying and open to self-improvement
5. Be an active member of the SSS' team

First Name:

Middle Name:

Last Name:

Date of Birth:

Gender:

☐

Male

☐

Female

Address:

please include zip code

Phone:

please include area code

E-mail:

Signature

Date

*Please send your application to the Board of Directors for review. An acceptance letter will be sent to your e-mail upon approval.