



Membership Application

Believing in the spiritual philosophy of Science of Mind and its practical application to everyday living. I desire to unite in the fellowship of unity and love by becoming an active member of the East Bay Church of Religious Science.

(PLEASE PRINT)
(ALL INFORMATION IS STRICTLY CONFIDENTIAL)

Name _____

Month/Day of Birth (MM/DD) _____ Email _____

Phone (H) _____ (C) _____ (W) _____

Address _____

City/State/Zip _____ Occupation _____

Preferred contact method (Check all that apply) email _____ mail _____ phone - home _____ work _____ cell _____

Emergency Contact (Name/Phone/Relationship) _____

Family members or housemates who attend EBCRS:

We recommend that applicants attend our church regularly and take SoM classes before becoming a member. How long have you attended EBCRS? _____

Please indicate which classes you have completed, if any, and where:

	<u>Date</u>	<u>Location</u>
Foundational	_____	_____
Treatment/Mediation	_____	_____
Self Mastery	_____	_____
Other	_____	_____

Signature _____ Date _____