

The Institute of Spiritualist Medium

Registered Charity No. 261885

Membership Application Form

Please return to: The General Secretary (post or email)

njvickery@live.co.uk

Central Office 15 Balgore Lane, Gidea Park, Romford, RM2 5JT

PLEASE COMPLETE IN BLOCK CAPITALS

Title	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Other <input type="checkbox"/>		
Name			
D.O.B.			
Address			
Postcode		Tel	
Mob		Email	

You are important to the Institute. The information we collect will be used to give you a better organisation and is treated as confidential unless you agree otherwise. The effectiveness of the Institute depends on the efforts, abilities, experiences, enthusiasm and support of the members.

May we share your details with your local branch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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1	What is your reason for joining the ISM?			
2	When did you first become interested in Spiritualism?			
3	Have you received any training in the following categories. Please tick all boxes that are appropriate			
	Mediumship <input type="checkbox"/>	Healing <input type="checkbox"/>	Speaking <input type="checkbox"/>	Other <input type="checkbox"/>
	Please tick this box if you haven't received any training please <input type="checkbox"/>			
4	Where did you train			
	Home Circle <input type="checkbox"/>	ISM <input type="checkbox"/>	SAGB <input type="checkbox"/>	SNU <input type="checkbox"/>
	If other please specify			
5	How would you describe your mediumistic abilities			
	Clairvoyant <input type="checkbox"/>	Clairaudient <input type="checkbox"/>	Physical <input type="checkbox"/>	Trance <input type="checkbox"/>
	Psychic <input type="checkbox"/>	Artist <input type="checkbox"/>	Healing <input type="checkbox"/>	Other <input type="checkbox"/>
	If other please specify			

6	Have you begone work for spirit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes when?			
	Where?			
7	If you have your own Sanctuary please give name, address and date opened			
	Name		Date Opened	
	Address			
	Postcode		Tel Number	
8	Have you tutored or instructed others?			
	Not yet <input type="checkbox"/>	In a home circle <input type="checkbox"/>	In a church circle <input type="checkbox"/>	Public meeting <input type="checkbox"/>
	ISM Branch <input type="checkbox"/>	SNU Branch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you held any post within a Spiritualist organisation?		Yes <input type="checkbox"/>	If No go to question 10 <input type="checkbox"/>
	Chairperson <input type="checkbox"/>	Secretary <input type="checkbox"/>	Treasurer <input type="checkbox"/>	Committee Member <input type="checkbox"/>
	General Help <input type="checkbox"/>	Other Specify <input type="checkbox"/>		
10	Have you any abilities outside Spiritualism which may be useful Have you any abilities outside Spiritualism which may be useful to the ISM?		Yes <input type="checkbox"/>	If No go to question 11 <input type="checkbox"/>
	Public speaking <input type="checkbox"/>	Accountancy <input type="checkbox"/>	Legal <input type="checkbox"/>	Organising events / meetings <input type="checkbox"/>
	Auditing <input type="checkbox"/>	Media <input type="checkbox"/>	Committee work <input type="checkbox"/>	IT skills <input type="checkbox"/>
	General administration <input type="checkbox"/>	Other <input type="checkbox"/>		
11	How did you find out about the ISM?		Friend <input type="checkbox"/>	Internet <input type="checkbox"/>
	At an ISM event <input type="checkbox"/>	Advert <input type="checkbox"/>	Other <input type="checkbox"/>	

PAYMENT INFORMATION

12	The Executive Committee may wish to take up references. Please supply the names and addresses of two people they may contact.
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REFERENCE 1

Title	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Other <input type="checkbox"/>		
Name			
Address			
Postcode		Tel	
Mob		Email	

REFERENCE 2

Title	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Other <input type="checkbox"/>		
Name			
Address			
Postcode		Tel	
Mob		Email	

Declaration:

I declare that I am not presently serving a prison sentence (either in custody or out on licence)

I declare that I am not a Registered Sex Offender

If you are a non-UK resident, you are declaring that you are not registered as a Sex Offender in your country

I declare that I do not have an unspent conviction for an indictable offence.

I declare that I have not withheld any material facts. I am aware of no claims, suits or any circumstances which could reasonably lead to a claim or action initiated against me.

PRINT NAME		DATE
SIGNED		

Cheques made payable to		ISM	
Please post cheque to	Central Office 15 Balgores Lane, Gidea Park, Romford, RM2 5JT		
BACS Payments	Branch: Nat West	Account No: 70835608	Sort Code: 60-07-26
Account Title: The Institute of Spiritualist Mediums		Reference: Membership Renewal	

MEMBERSHIP FEES	
The annual membership fee for UK residence is	£17.50
Concession over 60's	£12.50
Europe	£22.50
Rest of the World	£27.50