

The Institute of Spiritualist Medium

Registered Charity No. 261885

Membership Application Form

BRANCH

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

Diane Walker 121 Church End Lane, Runwell, Essex SS11 7DN

ismgeneralsecretary@yahoo.com

PLEASE COMPLETE IN BLOCK CAPITALS

**I (MR. MRS. MS.
MISS)** _____

_ Hereby apply for admission to membership of the
Institute.

Status Definition (see last
sheet) _____ **D.O.B** _____

Signature _____

Date _____ **Address**

_____ **Post**

Code _____

Tel:_____ **Mobile:**_____

_____ **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 - NO

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:

Mediumship_____ Speaking_____

Healer_____

Other_____

_____ **No training yet.**

4. Where did you train?

In a Circle_____ ISM_____ SAGB With

SNU_____ Other_____

5. How would you describe your mediumistic abilities? Clairvoyant , Clairaudient, Physical Trance, Psychic Artist, Healing

Other_____

6. Have you begun public work for Spirit? Yes No

If Yes,

when_____

and where_____

7. If you have your own Sanctuary please give name, address and date opened.

8. Have you tutored or instructed others?

In home circle In church circle Public meeting ISM
BRANCH,Other_____

Or Not Yet

9. Have you held any post within a Spiritualist organisation?

Chairperson Secretary Treasurer Committee-
member General Help

Other_____

10. Have you any abilities outside Spiritualism which may be useful to the ISM?

Public speaking Accountancy. Legal Organising
events / meetings

Auditing Media Committee work IT skills General
Administration

Other_____

11. How did you find out about the ISM?

Friend, Internet, at an ISM event, Advert

Other_____

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

Contact. a.

NAME _____

ADDRESS _____

_____ PostCode: _____

Tel: _____ Mobile: _____

Email: _____

Contact. b.

NAME _____

ADDRESS _____

_____ Post Code: _____

Tel: _____ Mobile: _____

Email: _____

Signed: _____ **Date:** / /

