



THE SPIRITUALISTS' NATIONAL UNION

Redwoods
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Stansted Mountfitchet
CM24 8UD

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E-mail: snu@snu.org.uk
Web site: www.snu.org.uk
Charity No. 261898

APPLICATION FORM FOR CLASS B MEMBERSHIP

Full name (block capitals): Mr/Mrs/Ms/Miss: _____

Postal address: _____

Postcode: _____

Telephone No: _____ E-mail: _____

Date of Birth: _____

Profession/Occupation: _____

Are you a member of SNU International? YES/NO

If "Yes", give date of joining: _____

Are you a Class D member of the SNU? YES/NO

Are you a member of any Church or Society affiliated to the SNU? YES/NO

If 'YES', please give details, including name of Church or Society and any positions held therein:

Are you a member of any Church or religious organisation not affiliated to the SNU? YES/NO

If 'YES', please give details, including name and address of Church or religious organisation and any positions held therein:

Are you a member of any Spiritualist organisation other than the SNU? YES/NO

If 'YES', please give details, including name of organisation and any positions or award held therein:

Have you ever made application previously for Class B membership of the SNU? YES/NO

If 'YES', was it accepted or rejected? _____ ACCEPTED/REJECTED

If 'ACCEPTED', please give date of expiry of such membership: _____

If 'REJECTED', please state: Date: _____ SNU District Council: _____

Are you presently serving a prison sentence (either in custody or out on licence)? YES/NO

DECLARATION

I wish to apply for Class B membership of the Spiritualists' National Union. I understand that subject to the application being in order I may be accepted into provisional Class B membership in the first instance for a period of not less than twelve months, after which the application will be treated as one for full Class B membership. If accepted, I will conform to the Articles of Association and Bye-laws of the Spiritualists' National Union.

I accept the religion of SNU Spiritualism based on the Union's Seven Principles, which are:-

1. The Fatherhood of God.
2. The Brotherhood of Man.
3. The Communion of Spirits and the Ministry of Angels.
4. The Continuous Existence of the Human Soul.
5. Personal Responsibility.
6. Compensation and retribution hereafter for all the good and evil deeds done on earth.
7. Eternal progress open to every human soul.

Signed: _____ Date: _____

Have you any qualifications or skills which you would be prepared to offer to the Union? YES/NO

If 'Yes', please give details: _____

If you are a UK tax payer, please fill in this section.

GIFT AID DECLARATION

I want the Charity, The Spiritualists' National Union, to maximise the amount of its tax reclaim from the Inland Revenue. Please treat all donations that I make or have made since 6th April 2006 as **Gift Aid Donations**.

Full name (block capitals): Mr/Mrs/Ms/Miss: _____

Postal address: _____

Postcode: _____

Signed: _____ Date: _____

Note: You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for each £1 you give). Signing this section will enable the Union to claim an extra £6.72 (28% of £24), from the Inland Revenue at no cost to yourself.

SPONSORS

For UK Applicants

This application must be supported and signed by TWO full Class B members of the Union, one of whom must be a Class B member of at least three years' standing and be allocated to the District Council in which the applicant resides.

For Non-UK Applicants

This application must be supported and signed by two persons who are considered by the Union to be of standing in the community.

DECLARATION OF SPONSORS

We, the undersigned, hereby support this application and declare that the information given by us below is correct.

1st Sponsor's Signature: _____ (block capitals): _____

Address: _____

Telephone No: _____ E-mail: _____

District Council: _____ Class B Card No: _____

Are you personally acquainted with the applicant? YES/NO

If "Yes", in what capacity and for how long? _____

Attach a separate sheet with any supplementary information or observations which you wish to volunteer about the applicant.

2nd Sponsor's Signature: _____ (block capitals): _____

Address: _____

Telephone No: _____ E-mail: _____

District Council: _____ Class B Card No: _____

Are you personally acquainted with the applicant? YES/NO

If "Yes", in what capacity and for how long? _____

Attach a separate sheet with any supplementary information or observations which you wish to volunteer about the applicant.

PLEASE RETURN this form to the General Secretary, The Spiritualists' National Union, Redwoods, Stansted Hall, Stansted, CM24 8UD, together with the appropriate remittance.

Joining Fee: £15.00 (for UK applicants) *
 £20.00 (for non-UK applicants) *
 *delete as appropriate

Annual Fee: £24.00
Donation: £ _____
Total: £ _____

Credit Card No: _____
Start Date: _____ Expiry Date: _____ Issue No: _____
Last three digits of security no. on reverse of card: _____

I would like my donation to go to:

General Funds	<input type="checkbox"/>
The Foundation Fund	<input type="checkbox"/>
The AFC Foundation Fund	<input type="checkbox"/>
The Distressed Churches Fund	<input type="checkbox"/>
Spiritualist Aid	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

FOR OFFICE USE ONLY	
1. Accepted into provisional Class B membership on: _____	
Provisional credential card no: _____	
Issued: _____	
2. First full credential card no: _____	
Issued: _____	