



THE SPIRITUALISTS' NATIONAL UNION

Application Form for Individual Membership (SNU International Applicants)

Redwoods, Stansted Hall,
Stansted Mountfitchet,
Essex CM24 8UD
Tel: 01279 816363

Email: snu@snu.org.uk
Fax: 01279 812034
Website: www.snu.org.uk
Charity No. 261898

APPLICANT'S DETAILS

Please complete in BLOCK CAPITALS

| | |
|-----------------------------|--------------------|
| NAME: Mr/Mrs/Miss/Ms | |
| ADDRESS: | |
| TOWN: | COUNTY: |
| POST CODE: | COUNTRY: |
| TELEPHONE: | EMAIL: |
| DATE OF BIRTH: | OCCUPATION: |

| | |
|---|---|
| Please give date of joining SNU: | |
| Are you an Affiliate Member of the SNU? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you a member of any Church or Society affiliated to the SNU? If 'YES', please give details, including name of Church or Society and any positions held therein: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you a member of any Church or religious organisation not affiliated to the SNU? If 'YES', please give details, including name and address of Church or religious organisation and any positions held therein: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you a member of any Spiritualist organisation other than the SNU? If 'YES', please give details, including name and address of organisation and any positions or awards held therein: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever made application previously for Individual Membership of the SNU? If 'YES', was it accepted or rejected? ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> If 'ACCEPTED', please give date of expiry of such membership: If 'REJECTED', please give: Date SNU District Council | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you presently serving a prison sentence (either in custody or out on licence)? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

DECLARATION

I wish to apply for Full Individual Membership of the Spiritualists' National Union. 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: _____

| | |
|--|---|
| <p>Have you any qualifications or skills which you would be prepared to offer to the Union?</p> <p>If 'YES', please give details:</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
|--|---|

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 2010 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 20p for each £1 you give). Signing this section will enable the Union to claim an extra £5.00 (20% of £25), from the Inland Revenue at no cost to yourself.

ENDORSEMENT

This application must be endorsed by an Officer of SNU International.

DECLARATION

I, the undersigned, on behalf of SNUi hereby endorse this application and declare that the applicant has been a member of SNUi for a period of not less than two years.

Name: _____ (block capitals)

Signature: _____ Date: _____

Introductory Course in Spiritualism

For UK Applicants only.

I, the undersigned, on behalf of the SNUi
hereby certify that the applicant has duly completed an Introductory Course in Spiritualism.

Name: _____ (block capitals)

Signature: _____ Date: _____

For Non-UK Applicants only.

This form must be accompanied by a certificate of completion of an Introductory Course in Spiritualism.

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

| | |
|--------------|--------|
| Joining Fee: | £15.00 |
| Annual Fee: | £25.00 |
| Donation: | £ |
| Total: | £ |

For payment by Credit or Debit Card, please see separate form.

I would like my donation to go to:

- General Funds
- The Foundation Fund
- The AFC Foundation Fund
- Other (please specify)

I would like to receive information on Medium Sure Insurance

FOR OFFICE USE ONLY

Accepted into Full Individual Membership on:

First Full credential card no:

Issued:

- MISSION STATEMENT -

To Promote the Religion and Religious Philosophy of Spiritualism as based upon the Seven Principles