

Please enroll in The Society for The Cure of Souls

Please Print

Enclosed is my contribution of _____

Name _____ Title _____

Address _____ City _____

State or Province _____ Zip _____ Country _____

Email _____

Office Phone _____ Home phone _____

Cell Phone _____ Pager _____

I desire to be a member at the level of

- | | |
|---|--|
| <input type="checkbox"/> Member – \$39 per year | <input type="checkbox"/> Spiritual Director – \$59 |
| <input type="checkbox"/> Curate of Souls – \$79 per year | <input type="checkbox"/> Partner – \$120 per year (\$10 per month) |
| <input type="checkbox"/> Benefactor – \$180 per year (\$15 per month) | <input type="checkbox"/> Patron – \$240 per year (\$20 per month) |
| <input type="checkbox"/> Member in Training – \$79 per year | |

Persons may be members in more than one category, such as member and benefactor.
Check with your tax advisor about deducting dues and contributions from your income tax.

Please indicate below all schools you have attended:

Name of School _____ Major Subject _____

Address of School _____

Dates Attended _____ Credits or Degree _____

Also, please attach copies of any ordination certificates or professional licenses you would like to have considered as part of your membership application.

I have not been convicted of any felonies. I will not use my membership in SCS as a way to avoid state licensing requirements. The SCS does not offer legal, medical, psychological, or financial advice, but is a religious, spiritual, and educational resource.

Payment Information

Visa Mastercard American Express Check Enclosed (made payable to SCS)

Credit Card Number _____ Expiration Date _____

Amount \$ _____ One time charge of \$ _____ Charge \$ _____ monthly to my credit card

Signature _____

Join online at: www.cureofsouls.com

Call: (800) 423-9737 or (417) 881-3818 • **Fax:** (417) 881-4702

Write: SCS • 2750 E. Sunshine • Springfield, MO 65804