

Confidential MCCSL Member Profile

Please Print and Mail To:

MCCSL Membership, PO Box 218145, Nashville, TN 37221

Date _____

Name _____ Home Phone _____

Address _____ Cell Phone _____

_____ Work Phone _____

Best Phone _____ Best time to call _____

E-Mail _____

Birth date _____ Marital status _____ Facebook

How I heard about MCCSL _____

Attending MCCSL since (date) _____ Send Newsletter Already get

Currently MCCSL Member: Currently in SOM class:

I would like to become a MCCSL member: Yes Undecided

(Please sign pledge on back if you would like to become a member)

I currently serve on Sunday Service Team: I would like to serve

I currently serve on Outreach Group: I would like to serve

I currently serve on Church Committee: I would like to serve

I currently serve on Youth Program: I would like to serve

I would like to know more about: Membership Classes Volunteering SOM

Teaching Youth Program Ministerial counseling Practitioner Treatment

Why are you interested in our teaching: _____

Do you understand how to do a Spiritual Mind Treatment? Yes _____, No _____,

Do you understand the Practitioner program? Yes _____, No _____,

Do you understand Ministerial counseling? Yes _____, No _____,

Science of Mind Classes taken: _____

Family members attending: _____

Attended other Science of Mind Churches: Yes _____ No _____

Previous Religious Experience: _____

Profession: _____ Employer: _____

Special skills and talents: _____

Other community organization affiliations: _____

Comments _____