

Kindred Spirits Spiritualist Fellowship

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Application For Membership - Release of Claims

I, _____, apply to the KINDRED SPIRITS SPIRITUALIST FELLOWSHIP (KSSF) for membership. I understand that the KINDRED SPIRITS SPIRITUALIST FELLOWSHIP (KSSF) is a Not for Profit inter-faith religious organization which brings together the teachings of Spiritualism and other World Religions with metaphysical thinking, healthy living, etc. I declare that I am of legal age and of sound body and mind and I desire, of my own free will, to join and participate in the activities of the KINDRED SPIRITS SPIRITUALIST FELLOWSHIP (KSSF). I understand that the aforesaid activities include scheduled events in which there is from time to time – the imparting of spiritual and psychic experience and information by authorized representatives of the KINDRED SPIRITS SPIRITUALIST FELLOWSHIP (KSSF). I am applying for membership out of sincere motivation, after having satisfied myself that the spiritual and psychic experience and information provided by the KINDRED SPIRITS SPIRITUALIST FELLOWSHIP (KSSF) are of a positive, self-enhancing nature.

After reviewing the provided information and risks involved, and in view of the fact that the KSSF is a not-for-profit organization, I hereby release, hold-harmless and waive all claims associated with this activity which I may have against the KSSF, its employees, officers, directors, agents, volunteer, other members and guest/speakers.

I understand that membership enables me to participate in KINDRED SPIRITUALIST FELLOWSHIP (KSSF) activities and receive any KINDRED SPIRITS SPIRITUALIST FELLOWSHIP (KSSF) News Bulletin. I also understand that this is for my own personal use and that taping or recording of any kind is NOT permitted.

This Release of Claims is executed at _____, (Town/City) at _____ (Province/State)
_____ (Country) on this _____ day of _____, _____ (Month) _____ (Year)

Name _____ Members Signature _____

Address: _____

Email _____

Is this a first application? YES ___ NO ___

Witness Name _____ Witness Signature _____

***IMPORTANT MEMBERSHIP FEE IS \$20, YEARLY RENEWAL REQUIRED ON SEPTEMBER**

