

The Home of Truth Alameda, California of

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:	Birthday:	
Email:	Phone:	
Current address:		
City:	State:	ZIP Code:
PREREQUISITE CLASS ATTENDANCE DATES		
INTRODUCTION TO NEW THOUGHT: _____		HOME OF TRUTH HISTORY: _____
OTHER INFORMATION		
Field of Work Experience:		
Special Interests or Talents:		
INTEREST & EXPERIENCE/TALENTS FOR VOLUNTEER INVOLVEMENT		
<input type="checkbox"/> Sunday Service Team:	<input type="checkbox"/> Youth/Children's Programs:	
<input type="checkbox"/> THOT Community Care:	<input type="checkbox"/> Prayer Group/Chaplaincy:	
<input type="checkbox"/> Music Program:	<input type="checkbox"/> Newsletter Editing and/or Creation:	
<input type="checkbox"/> Event Planning:	<input type="checkbox"/> Community Connections & Advertising:	
<input type="checkbox"/> Other:		
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		
SPOUSE/ FAMILY INFORMATION IF JOINT MEMBERSHIP		
Spouse Name:		
Birthday:	Email:	Phone:
Children Names/Ages:		
SIGNATURES		
Signature of applicant:		Date:
Signature of spouse <i>(only if for a joint membership)</i> :		Date:

Thank you for your interest in becoming a member of the Home of Truth Spiritual Center. The information you have provided will not be shared with any other organization or person. We use what you are willing to share only to help make your experience within our community one that is of benefit to you on your spiritual journey.

Board Acceptance & Approval Date: _____ Signature: _____
Board President