

SPIRITIST SOCIETY OF NORTH BEACH, INC. (SSNB)

Membership Enrollment Form

Name: _____

Address: _____

Phone(s): _____

E-MAIL: _____

Please check below the category of your preference. **Please do not forget to sign and date this form.**

 Contributing Member: \$ _____ per month or one annual payment of \$ _____
Contributing Members will receive a booklet of payment coupons to assist them in making their monthly contributions.

As set forth in the Society's Bylaws, Contributing Members enjoy the right to vote and become candidates to the elective posts, as well as to deliberate and vote at the General Assemblies. At any point in time, a Contributing Member may request to be transferred to the category of Enrolled Member, at which point he or she will no longer enjoy the right to vote and be elected to any posts.

 Enrolled Member
Members unable to make any financial contribution to the Society, but who would like to be a member of the SSNB. Under this category, members are not eligible to vote or be elected to any posts.

I hereby apply for membership to the Spiritist Society of North Beach.

Signature: _____ Date: _____

**PLEASE RETURN THIS FORM TO: Spiritist Society of North Beach, Inc.
4110 3rd St.
North Beach, MD 20714-3092.**

Welcome to the SSNB! Your support is greatly appreciated.