

MEMBERSHIP APPLICATION FORM

NAME

ADDRESS

CITY, STATE, ZIP, COUNTRY

HOME PHONE / WORK PHONE

CELL PHONE / FAX NUMBER

EMAIL

DATE OF BIRTH / BIRTHPLACE

GENDER / MARRIED OR SINGLE / NO. OF CHILDREN

OCCUPATION

ANY PETS? IF SO, WHAT KIND(S)?

HAVE YOU MEDITATED BEFORE? IF SO, WHAT TYPE(S)?

IF SO, BRIEFLY DESCRIBE THE TECHNIQUES

HOW DID YOU HEAR ABOUT THE EUREKA SOCIETY?

ARE YOU TAKING MEDICATIONS? IF SO, WHICH ONE(S)?

HAVE YOU EVER BEEN HYPNOTIZED?

HAVE YOU EVER BEEN A MEDIUM?

HAVE YOU EVER CHANNELED?

WHAT ARE YOUR SPIRITUAL ASPIRATIONS?

WHAT SPARKED YOUR INTEREST IN JOINING THE EUREKA SOCIETY?

I understand that the instructions I receive from The Eureka Society is to be held in the strictest confidence. Although we have no "secrets" in our organization, it is important that techniques and information not be given to others out of sequence, because of their own progression and level of commitment. The signature and date below constitute my agreement to participation in The Eureka Society meditation program. I understand that I will begin receiving instruction from the The Eureka Society after my initial payment of \$95 has cleared. I further understand that continued instruction from The Eureka Society is contingent upon my payment of monthly dues of \$45 in a timely manner.

Signature:

Date:

Please complete and sign the application, mail it, 1-3 photos (5x7 headshots) and your \$95 membership start-up fee to:

THE EUREKA SOCIETY
P.O. Box 3117
Montrose, CO 81402-3117

Please allow 3-4 weeks for your application to be processed. Make all checks payable to The Eureka Society. Thank you.