



New Member Application

575 N. Main St., Las Cruces NM 88001

csllascruces@csllascruces.org (575) 523-4847

Name _____ Phone _____ (H)
(Please PRINT)

Address _____ Phone _____ (C)

City _____ St _____ Zip _____ E-mail _____

Birthday _____ Anniversary _____

Single _____ Married/Partnered _____ # of children @ home _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Are you transferring from another Religious Science Church? Yes _____ No _____

Area of the Center I would like to volunteer:

- | | |
|--|--|
| <input type="checkbox"/> Sunday Service Support Team | <input type="checkbox"/> Office Support (weekdays) |
| <input type="checkbox"/> Newsletter/Bulletin | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Bookstore | <input type="checkbox"/> Ushering/Greeter |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Children's Church |
| <input type="checkbox"/> Computer/Network Tech Support | <input type="checkbox"/> Website Assistant |

Talent & Skills:

Personal Interests, Hobbies and what you'd like to do socially with others from the Center:

How did you find us? _____

I choose to become a member of the Center for Spiritual Living in the Heart of Las Cruces. I understand that completion of membership orientation classes are required before being considered a member.

Signature _____ Date _____

_____ Attended Orientation _____ (initials) Sent info to S.O.M. magazine on _____ (initials) _____

(Date)

(Date)

_____ Name Tag

_____ of Ceremony

(Date)

(Date)