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|  | New York Center of Truth for Better Living Inc. |

# Membership Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |
| **Occupation** |  |  | Birth Month |

I believe that membership in New York Center of Truth for Better Living and the practices of its transforming system of practical Christianity will help me to unfold as a spiritual being, demonstrating God’s love and prospering power in every area of my life.

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| **Signature** |  |  |  |