

MEDIUM APPLICATION

The National Spiritual Alliance of the U.S.A., Inc.

Applicant's Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail, webpage _____

Church Affiliation _____

Church City, State _____ *Member yrs.* _____

List Mediumship Courses _____
With copies of certificates _____

List other Medium Certifications _____
Attach copies of certificates _____

Do you believe that your innate ability is a sacred trust which should be used only for the good of humanity, and do you promise to use it in this manner at all times?

Yes _____ *No* _____

What is your reason for wanting to become a TNSA certified Medium? Use additional paper is needed.

Have you attended Mediumship development circles or classes on a regular basis?

Yes _____ *No* _____ *If Yes, where, when and give the name of the group leader?*

To determine your abilities, you are required to perform a lengthy reading for either the TNSA President or Vice-President, or your Church Pastor. Is there a written affidavit attached attesting to your mediumship abilities? Yes_____No_____

APPLICANT AFFIRMATION

Trusting you will find me qualified to perform the duties of a Certified Medium in accordance with the standards of the National Spiritual Alliance (TNSA), I hereby pledge to be true and faithful to my duty in the capacity of Medium and to labor faithfully in the interest and purposes of TNSA. I promise that in the event of severance of connection with TNSA, or recall of my credentials, I will return my TNSA Medium card.

Applicant Signature

Date

All applicable certificates and credentials attached? Yes_____No_____

Are three written recommendations enclosed that are relative to the applicant's character and ability from responsible persons or a religious organization, or organizations that he/she have served?

Yes_____No_____

TNSA required that a statement from a development circle or class leader indicating that the applicant has consistently attended for a minimum of six months. Is that statement enclosed? Yes_____No_____

Annual Certificate Fee enclosed? Yes_____No_____

Approved by TNSA or Chartered Church Board of Directors?

Yes_____No_____Date_____

TNSA Secretary's Signature _____Date:_____

Jem/04-2014