

# Spiritual Directors International Membership Order Form

- New Member for US address- **US\$69**                       I choose not to renew at this time.  
 Renewal for US address- **US\$69**    **Please let us know why:**  
 New/Renewal for non-US address- **US\$59**  
 Student Member – **US\$49** (send proof of status)

**MAILING ADDRESS:** (This is the address for *Presence Journal* delivery and your *Seek and Find Guide* listing)

Name \_\_\_\_\_  
Title                      First or Given Name                      Middle                      Family or Last Name                      Suffix

Spiritual affiliation \_\_\_\_\_  
What do the suffix letters mean? \_\_\_\_\_

Address \_\_\_\_\_  
Street, PO Box, etc. \_\_\_\_\_

City \_\_\_\_\_ State/Province/Territory \_\_\_\_\_ Zip + 4 (USA only) \_\_\_\_\_

Country \_\_\_\_\_ International Postal Code \_\_\_\_\_

Evening Telephone \_\_\_\_\_ *Seek and Find Guide Telephone\** \_\_\_\_\_

Fax # \_\_\_\_\_ Birth date \_\_\_\_\_ mm/dd/yyyy

E-mail \_\_\_\_\_

\* I give permission to Spiritual Directors International to publish my basic information (name, telephone number, city, state/province/territory, country, postal code, and spiritual affiliation). **Due to privacy concerns, you must check this box for your name to be included in the *Seek and Find Guide*, the listing of available spiritual directors.**

⇒ **Please select all that apply:** My basic information can be published:  to the Web  in Print or  Neither

⇒ **Are you currently available for spiritual direction?**     YES                       NO  
*Seek and Find Guide* only lists spiritual directors who are currently available for spiritual direction.

I want to support the general work of Spiritual Directors International by giving an unrestricted donation. US\$ \_\_\_\_\_ is enclosed.

I want to support non-US spiritual directors who rely on the Mary Ann Scofield, RSM International Scholarship Fund. US\$ \_\_\_\_\_ is enclosed to assist limited-income international members.

I want to support US students, interns and others who need assistance. US\$ \_\_\_\_\_ is enclosed to assist limited-income US members.

I do not want information from other spiritual organizations and publications.

**BILLING ADDRESS (if separate from mailing address):**

Name \_\_\_\_\_  
Title                      First or Given Name                      Middle                      Family or Last Name                      Suffix

Address \_\_\_\_\_  
Street, PO Box, etc. \_\_\_\_\_

City \_\_\_\_\_ State/Province/Territory \_\_\_\_\_ Zip + 4 (USA only) \_\_\_\_\_

Country \_\_\_\_\_ International Postal Code \_\_\_\_\_

Day Telephone \_\_\_\_\_ Fax # \_\_\_\_\_

*Please fill out both sides of this form completely.*

