

SMI Membership Application

Date: _____ **Membership #:** _____

First Name _____ **Last Name** _____

Address: _____ **APT#:** _____

City: _____ **State** _____ **Zipcode** _____

Email: _____ **Phone** _____

In case of emergency who should we contact:

Name: _____ **Phone#:** _____

Gender: Male Female **Birthday:** Month _____ Day _____

Method of Payment cash Credit Card Debit Card

Please email me: Newsletters SMI exclusive offers Any upcoming SMI Events

In order to best serve you, we ask that you check any of the following you would like us to discuss with you:

Your goal and objective for your personal life, family and or business

Relationship skills

Personal health improvement

Discovering your true purpose

Understanding and applying Universal Principles

how to increase your income

If there are other concerns not listed above, please list them on back of this form.

Office Use Only:

Comment: _____

Processor signature: _____

