



Membership Application

Envelope # _____
Office Use Only

Mr. Ms. Mrs. Miss RScP Minister

From another UCRS Church? Yes No _____
Church

Name: _____
(Last) (M) (First)

Address: _____

Phone: _____ Date of Birth _____ E-mail: _____

Skills/Interests _____

Goals: _____

I wish to become a member of the church. _____
Signature Date

GUIDANCE CHURCH OF RELIGIOUS SCIENCE
7225 CRENSHAW BLVD LOS ANGELES, CA 90043
PHONE (323) 778-0773 FAX (323) 778-9618