



A Society of Souls

Date: _____

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A Society of Souls
Application Form

Name: _____

Address: _____

City, State/Prov: _____

Country, Zip/Postal Code: _____

Phone (Day): _____ (Eve): _____

E-mail: _____

Profession: _____

Degrees/Training (Please specify the schools and years of graduation or certification.) _____

What is the nature of your work? If you need additional space, please use the reverse side of this page. _____

How long have you been in your current career? _____

What are some of the ways you gain self-knowledge? (psychotherapy, meditation, bodywork, etc.) _____

Why would you like to attend *Society of Souls* training? (If you need additional space, please use the reverse side of this page.) _____

I heard about *A Society of Souls* from _____

Have you taken *A Society of Souls* workshop? _____ When? _____

Where? _____

Please give the name and phone number of a professional reference.

Please note:

Applications will be considered in the order in which they were received.

If you have not received acknowledgement within 15 days,
please call 908 236-0543. (USA)

Please return to:

A Society of Souls
PO Box 626
Lebanon, New Jersey 08833
USA