Seventeenth Church of Christ, Scientist Chicago, Illinois

Membership Application

Name				Date	
Ad	dressStreet				
	Street			Zip Code	
Pre	eferred Method of Communic	ation			
1.	Do you actively study and practice Christian Science in your daily life?				
2.	Do you believe in and have a desire to deepen your understanding of the Tenets of Christian Science?				
3.	Do you support The Manual of the Mother Church?				
4.	Are you interested in actively serving this Branch Church?				
5.	. How long have you been attending services at Seventeenth Church of Christ, Scientist?				
6.	How long have you been a s Bible? Science and Health with Manual of the Mother Ch Christian Science Quarter				
7.	Are you a member of The Ma	other Church?	Date admitted:		
8.	Have you had primary class instruction in Christian Science? If yes, name of teacher:				
9.	Are you, or have you ever been, a member of a branch Church of Christ, Scientist? If yes, which branch?				
10.	 Are you, or have you ever been, a member of any other religious denomination? If yes, which one? 				
11.	1. Please obtain a letter of withdrawal from your former church affiliation, if applicable, and include with this application form or send to our Clerk at a later date if you need to obtain one.				
12. Please provide two references (unrelated to you or to each other) who have known of your progress in Christian Science for at least six months:				ave known of your progress	
	Name/Address/Email/Phone Numbe	er			
	Name/Address/Email/Phone Number Signature of Applicant				

Please return completed application to: Clerk, Seventeenth Church of Christ, Scientist 55 E. Wacker Drive, Chicago, IL 60601

Questions: Please call 1-312-236-4671 OR email info@christiansciencechicago.org. An online application is available at http://www.christiansciencechicago.org/about/membership/.