

# NYCOT Membership Application

*(Please print)*

Dr.

Mr.

Mrs.

Ms.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Spouse's First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Birth Month:** \_\_\_\_\_

*I believe that membership in the New York Center of Truth and the practices of the transforming system of practical Christianity will help me to unfold as a spiritual being, demonstrating God's love and prospering power in every area of my life.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_