MINISTRY/ METAPHYSICIAN REPORT

FELLOWSHIPS OF THE SPIRIT

P.O. Box 252 Lily Dale, NY 14752

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NOTE: This report covers the period from NOVEMBER 1, 2021 – OCTOBER 31, 2022

YOUR DUES PAID NOW - **\$50.00** - covers the period from November 1, 2022 - October 31, 2023

(Please update where appropriate. Thank you!)

Please check appropriate box: Minister Metaphysician			
ATTENTION : Please print you	r name as you wish it t	to appear on your card.	
Name:			
Address:			
City:			
Phone: (H)	(Cell)	Fax:	
E-mail:			
Date of Birth (month /day):			
If you have a website nlease	a lict		

Please indicate how and when you have lead each of the following (Should you need extra space, please attach additional sheets as needed):		
Teaching: (workshops, services, circles, meetings)		
Speaking Engagements: (Worship services, lectures, etc.)		
Writings:		
writings.		
Spiritual Healings:		
Mediumship and readings:		

Education:
Please list the courses, workshops, and lectures you have attended to continue your education as a minister. Please include any new certifications and/or degrees which you are working on or have received n the past year.
What organizations, meetings, or circles have you been active in over the past year?
What books, articles or tapes have you read or listened to that have enhanced your ministry?
What type of activities and/or workshops would you be enthusiastic about participating in as a student and who would you like to study with, if Fellowships of the Spirit were to host any of the above?

What Ministry activities would you be interested in participating in with Fellowships of the Spirit? The following are only a partial list of examples, please add to this based on your talents and interests: speaking at a Sunday church service, chairing a service, chairing a healing service, serving as a healer and/or medium, teaching, serving at medium's days, Friday night message services in the summer, Minister in Residence during the summer.