

# CANADIAN FELLOWSHIP OF CHRISTIAN SPIRITUAL DIRECTORS ASSOCIATION APPLICATION

Please fill out the information below to submit your application to CFCSD.

Title:            Mr.            Mrs.            Miss            Ms            Dr.            Rev.            Other

Last Name

First Name

Age - Birth/Day

Denomination/Religious Affiliation:

## PARTNERSHIP APPLYING FOR:

Full Partnership

Associate Partnership

Partner-in-Training

## MAILING ADDRESS

Street/Box Number

City/Town

Province

Postal Code

Phone Number (Daytime)

Phone Number (Evening)

Phone Number (Mobile)

(For CFCSD administrative contact only)

Preferred Email Address

## EDUCATIONAL INFORMATION

Institution

Is this Institution accredited through a recognized  
accrediting authority?

Yes

No

Unsure

Provide Certificate:

I have attached a certificate electronically below.

I will be forwarding a copy of the certificate by mail.

Please provide information regarding your spiritual formation/spiritual direction or related field of education only.

## HIGHEST LEVEL OF EDUCATION

DEGREE

CERTIFICATE

## VOCATIONAL INFORMATION

What profession do you practice?  
(ie. Spiritual director, Pastor/Minister, Priest, Counsellor, Other)

Are you currently practicing?    Yes                  No

## DOCUMENTS & DECLARATION

I have read and understand the following and will affirm and uphold them in my spiritual direction work:

CFCSD Statement of Faith

CFCSD Statement of Professional Ethics for Spiritual Directors

I have completed the following checks (within 5 years):

Criminal Record Check

Vulnerable Persons Check

Comments

I have active membership in another association

Yes

No

Name of association:

I also affirm that the information provided in this application is accurate and true.

Signed

Date

## PAYMENT INFORMATION

Payment for fees for the period June 1 to May 31

**\$50 Full/Associate Partnership, \$30 Partner-in-Training**

Cheque or Money order by mail

**Payable to:**

Canadian Fellowship of Christian Spiritual Directors,  
16-1 Lakeside Dr.,  
St. Catharines, ON L2M1P3

**Intra bank services** (for information email: [fellowshipcsd@gmail.com](mailto:fellowshipcsd@gmail.com))

**ATTACH CERTIFICATE(S)    SUBMIT APPLICATION**