

Association of Unity Churches International
Certified Spiritual Educator
Enrollment Application

Please
Attach
Photo

Applicant Information *(please print)*

Name: _____

E-mail: _____

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Birth date: ____/____/____ Day Phone: _____

Church name: _____

Current Position in Church: _____

Church Address: _____

City: _____ State: _____

Zip: _____ Church Phone: _____

Church E-mail: _____

Church Website: _____

Minister's Endorsement

As minister of this church, I hereby endorse the applicant's intention to become a Certified Spiritual Educator.

Minister's Name *(please print)*

Signature of Minister

**Mail to: Children's Ministry Coordinator, Association of Unity Churches
P.O. Box 610, Lee's Summit, MO 64063**