

Sahaj Marg Spirituality Foundation**Library Access Pass Application**

Please write in BLOCK Letters while completing this form. Fields marked by an asterisk are mandatory.

<u>Full Name:</u> _____	
*Are you a Prefect? Yes <input type="checkbox"/> No <input type="checkbox"/>	SRCM ID#: _____
Sex Male <input type="checkbox"/> Female <input type="checkbox"/> * <u>Date of Birth</u> (dd/mm/yyyy)	<u>Date of Introduction</u> (dd/mm/yyyy)
* <u>Street Address</u> _____ _____	
* <u>Center</u> (Place where you attend Sunday Satsangh)	
* <u>City</u> _____ <u>State</u> _____	* <u>Preceptor's Name</u>
* <u>Country</u> _____ * <u>Postal Code</u> _____	
<u>Phone1</u> _____ Res <input type="checkbox"/> Off <input type="checkbox"/> Cell <input type="checkbox"/> <u>Phone2</u> _____ Res <input type="checkbox"/> Off <input type="checkbox"/> Cell <input type="checkbox"/> <u>Email:</u> _____	
* <u>Date of Application:</u> _____	
<p><i>The <u>suggested voluntary donation</u> for this library access pass is INR 5,000/-.</i></p> <p><i>For library information, timings & policies please visit www.sahajmarg.org</i></p> <p><i>Please note these are not lending libraries, and pass holders may reference the material within the library premises.</i></p>	

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