   
**Tyndale Association of Spiritual Directors – Membership Form 2015-2016**

Please check one: 🞏 Renewal 🞏 First-time Membership 🞏 Practicum Student

|  |  |
| --- | --- |
|  |  |
| ^ First name ^ | ^ Last Name ^ |

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address |  | | |
|  | | |
| City | | Province | Postal Code |

Contact information: Please include the contact information you would like us to have in our Membership database.

|  |  |
| --- | --- |
| Evenings | Daytime |
| E-mail address | |

For Regular Membership Applicant, please provide relevant education qualification: (**Please attach certificates**)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Association, School or Centre | Degree / Certification | Province, Country | Dates MM/DD/YY |
|  |  |  |  |
|  |  |  |  |

Are you currently practicing spiritual direction? □ Yes □ No

Please check if you do sessions: □ via phone □ via Internet

The TASD is often asked to recommend spiritual directors to potential directees. Would you like us to pass on your name and email address for them to contact directly, if appropriate? □ Yes □ No

Do you want to be listed under the TASD website? □ Yes □ No

If yes:

□ *(if renewal)* All online information stays the same OR □ Please add/update information online, as follows:

Practicing:

at Tyndale □ Yes □ No

In Ontario (list all geographic area/city/towns) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside Ontario (list city/prov / country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

If you wish to update your bio and photo online, please send plain text content and photo to our TASD webmaster at TASD@tyndale.ca.

By signing and submitting this application form, I hereby agree to subscribe to the Tyndale Statement of Faith as outlined <http://www.tyndale.ca/about/statement-of-faith>

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  |  | Date |

*\*All applications and renewals will be reviewed and subject to the approval of the TASD Board.*

The TASD Board is looking for TASD members to join us as we develop and deliver on initiatives. Would you be willing to join us as we go through this Re-shaping experience?

□ Yes, please contact me. □ No thanks. Not right now.

Membership Fees are for the period September 1, 2015 to August 31, 2016

|  |  |  |
| --- | --- | --- |
| ***Membership level*** | ***Who would be included*** | ***Fee*** |
| Regular | Graduated Spiritual Director | $30.00 |
| Practicum | Tyndale Practicum student | 1 year honourarium |

Please make cheques payable to: **Tyndale University College & Seminary** Memo: TASD

Note: DO NOT MAKE THE CHEQUES PAYABLE TO “TASD” or “Tyndale Association of Spiritual Directors”.

Mail to: Tyndale University College and Seminary

3377 Bayview Ave.

Toronto Ontario M2M 3S4 Attention: Tyndale Association of Spiritual Directors – Barb Haycraft

For any inquiry regarding membership application, please contact our membership officer at [TASD@tyndale.ca](mailto:TASD@tyndale.ca).

In order to help us better serve our members, it will be greatly appreciate if you would take time to complete the following survey for us to update our TASD membership database.

□ I do not want to participate in this survey at this time.

Please check all that applies.

1. Types of spiritual direction or spiritual formation related education/service offered:

□ Individual (one-on-one spiritual direction) □ Group Spiritual Direction (size of 2-6)   
□ Spiritual Direction Supervision □ Spiritual Formation Retreats

□ Spiritual Formation Related Courses □ Prayer Ministry for churches or organizations

□ Currently not practicing

1. Ways of providing spiritual direction:

□ In person □ Telephone □ Internet (skype, etc)

1. Do you host a website to promote your spiritual direction practices? □ Yes □ No
2. Are you promoting or practicing spiritual direction in your own church? □ Yes □ No
3. Are you a current subscribing member of any other association? □ Yes □ No

If yes, please list all other relevant associations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is any of your work supervised? □ Yes □ No

If yes, are you:  
□ meeting with a supervisor, or   
□ meeting with a peer group

1. If you are currently not a Certified Spiritual Director Supervisor, are you planning to be one? □ Yes □ No