

**Tyndale Association of Spiritual Directors – 2019/20 Membership Form 2010020120182222292019**

 Please check one: 🞏 Renewal 🞏 First-time Membership

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|  |  |  |
| ^ First name ^ | ^ Last Name ^ | TASD Reg. No. |

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

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

|  |  |
| --- | --- |
| Phone – daytime / evenings | Email address |

**First-time Membership Applicants, please provide education qualification and attach copy of** **certificate(s)**

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| --- | --- | --- | --- |
| Name of Assn, School or Centre | Degree / Certification | Province, Country | Dates MM/DD/YY |
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| --- | --- |
| Are you currently practicing spiritual direction?  | □ Yes: # of years \_\_\_\_ □ No  |
| Any specialty or areas of interest: |  |
| Please check if you do sessions:  | □ via phone □ via Internet |
| Geographic location(s) of practice:**NOTE:** Members profile and photo may be updated at any time by sending the information to our webmaster at web@tasd.caDo you want to be listed under the TASD website? | □ *(renewal only)* All information is the same as previous year□ *(new member / renewal, if info has changed):* Practicing □ at Tyndale □ via Internet □ via Phone □ Practicing in Ontario (list all geographic area/city/towns)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Practicing outside Ontario (list city / prov / country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Yes □ No |

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| If the TASD is asked to recommend spiritual directors to potential directees, would you like us to pass on your name and email address for them to directly contact you? | □ Yes  | □ No |

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| The TASD Board provides opportunities for members to participate at the Board, Team or Regional Meeting Level. Would you like us to contact you to discuss your interest in joining the TASD leadership? | □ Yes | □ No |

**Membership Fees are for the annual period of September 1, 2019 to August 31, 2020**

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| --- | --- | --- | --- |
| ***Membership Level*** | ***Who is included*** | ***Fee*** | **🗸 *one*** |
| Regular | Graduated Practicing Spiritual Director | $ 50.00 |  |
| Associate | Interested in spiritual direction, not a practicing director | $ 50.00 |  |
| Practicum | Tyndale Internship 2019/20 student | $ 0.00 |  |
| Tyndale Internship Graduate  | First year following 2018/19 internship | $ 25.00 |  |
| Student (with proof of enrollment ) | Academic Institution:  | $ 25.00 |  |

**TASD Bursary Fund**

*The TASD now offers a Bursary fund for the benefit of incoming practicum students. Further details and applications are available on our website. If you would like to contribute to this fund please include your donation amount together with your membership payment. A tax receipt will be issued by Tyndale for contributions $20 or more.*

□ Yes – I wish to donate $ \_\_\_\_\_\_ to the TASD Bursary Fund and will include it on my payment

**TOTAL AMOUNT TO BE PAID:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Membership + Donation)

**PAYMENT BY CREDIT CARD**

□ I hereby authorize Tyndale University College & Seminary (on behalf of TASD) to charge the following credit card for the amount noted above.

|  |  |
| --- | --- |
| Name on Card | □ Mastercard □ Visa  |
| Card # | Expiry Date: MM YY CVD: |

**Cheques MUST be payable to:** **Tyndale University College & Seminary Include in Memo line:** **TASD**

**Mail to:**  Tyndale University College and Seminary, 3377 Bayview Ave, North York, ON M2M 3S4

 *Attention: Tyndale Association of Spiritual Directors – E. Lau*

For both **Renewal** and **First-time Memberships** to be complete, you are required to read and respond to the following two statements:

1. I have read and agree to the **Code of Ethics** (go to tasd.ca and select Forms and Downloads) as the basis for providing spiritual direction. Yes □

2. I am a Certified Spiritual Director (“CSD”) with CCPC Global Inc. Yes □ No □

 If **Yes**, my CSD is current Yes □ No □

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