



Institute for Spiritual Development  
Washington, DC  
2024 MEMBERSHIP

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Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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Birthday (Month/Day): \_\_\_\_\_

Birthday (Month/Day): \_\_\_\_\_

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Annual Fee:      Single (\$30): \_\_\_\_\_      Family (\$40): \_\_\_\_\_

(Please include your fee with this completed form.)

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2024 Pledge: \_\_\_\_\_

Monthly Auto Credit Card Amounts: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

(This information will be kept secure)

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Committee(s) of interest: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Mail to: ISD-DC, PO Box 2027, Vienna, VA 22183  
Questions: Rev. Fran Wright, revfranwright@gmail.com