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

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

Full Name:

*Are you a Prefect? Yes ☐ No ☐ SRCM ID#: _____

Sex Male☐ Female☐ ***Date of Birth** (dd/mm/yyyy) **Date of Introduction** (dd/mm/yyyy)

***Street Address** _____

_____

***City** _____ **State** _____

***Country** _____ ***Postal Code** _____

***Center** (Place where you attend Sunday Satsangh)

***Preceptor's Name**

Phone1 _____ Res ☐ Off ☐ Cell ☐

Phone2 _____ Res ☐ Off ☐ Cell ☐

Email:

***Date of Application:**

The suggested voluntary donation for this library access pass is INR 5,000/-.

For library information, timings & policies please visit www.sahajmarg.org

Please note these are not lending libraries, and pass holders may reference the material within the library premises.

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