



# The Independent Science of Mind Fellowship

## Application for Practitioner License

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I have completed all the requirements for this license. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any memberships or affiliations with any spiritual organizations here or on the back of this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please send your application with your check or money order for \$65 to: FSHLB – ISOMFP, 8417 Oswego Road #131, Baldwinsville, NY 13027 or fax to 888-661-6361 or email to [isomfp@fshlb.com](mailto:isomfp@fshlb.com) and pay by credit card using the secure and confidential credit card gateway at <https://ipxservices.com/fshlb/isomfp.html>