

KRST UNITY CENTER OF AFRAKAN SPIRITUAL SCIENCE

First Time Visitor - Date of Visit: _____

Joining KRST Unity Center: Date Joined_____

Full Name _____

Preferred Name _____

Address _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone _____ **Mobile** _____

E-mail Address _____

Which number is best to contact you? _____ Home _____ Mobile

Gender: Male / Female

Marital Status: Single / Married / Divorced / Widow/

Spouses Name _____

Is your spouse joining too? Y / N

Children Living At Home

Name _____ **Age** _____ **Birthday** _____ / _____ / _____

Month Date Year

Name _____ **Age** _____ **Birthday** _____ / _____ / _____

Month Date Year

Name _____ **Age** _____ **Birthday** _____ / _____ / _____

Month Date Year

Name _____ **Age** _____ **Birthday** _____ / _____ / _____

Month Date Year

Are you a business owner?

Name of Business _____ **Type of Business** _____

Address _____

Phone Number _____ **Web Site Address** _____

Product or service provided _____



KRST UNITY CENTER OF AFRAKAN SPIRITUAL SCIENCE

7825 South Western Avenue, Los Angeles, CA 90047 323-759-7567

www.krstunitycenter.org

krstunitycenter.org

KRST UNITY CENTER OF AFRAKAN SPIRITUAL SCIENCE

Member Questionnaire

What do you like about KRST?

What activities would you like to see at KRST?

What gifts or talents do you feel you can bring to KRST?

How can KRST improve your experience?

I'm committed to serving my KRST Unity community, and desire to join one of the committees below:
Please circle the committees you are interested in learning more about (Circle all that apply)

Membership
Fundraising
Youth Activities

Building & Beautification
Health & Wellness
Finance

Technology
Food Service
Public Affairs and Marketing

Name: _____

Phone: _____



KRST UNITY CENTER OF AFRAKAN SPIRITUAL SCIENCE

7825 South Western Avenue, Los Angeles, CA 90047 323-759-7567

www.krstunitycenter.org

krstunitycenter.org