



SDI – The Home of Spiritual Companionship

Membership Order Form

☐ New Member

☐ Membership Renewal

Thank you for your Membership! SDI uses a tiered membership structure, which allows us to provide a more consistent discount pricing structure for webinars, conferences and all other SDI offerings. The details and descriptions of each tier can be found here:

<https://www.sdicompanions.org/shop/membership-features/>

- ☐ SDI Student (Venus) Membership USD\$59/yr (Include proof of student status with this form.)
- ☐ SDI Standard (Neptune) Membership USD\$79/yr
- ☐ SDI Enhanced (Jupiter) Membership USD\$119/yr
- ☐ SDI Premium (Cosmos) Membership USD\$159/yr

Full name (Please write your name the way you prefer to be addressed)

Title: _____ First or Given Name: _____ Middle Name: _____

Family or Last Name _____ Suffix _____

Mailing address

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

E-mail Address: _____ (Required)

For the public Find a Spiritual Companion Guide:

Public Phone Number: _____

Public Website: _____

SDI publishes basic information (name, telephone number, city, state/province/ territory, country, postal code, spiritual affiliation, website and etc.) of available members on the Find a Spiritual Companion guide. **Due to privacy concerns, you must check the box below for your information to be included.** You are highly encouraged to log into the website and update your profile once your order is processed and you receive your temporary password.

- ☐ Yes, SDI may publish my basic information online in the *Find a Spiritual Companion (FaSC)* guide.
- ☐ No, I prefer not to be listed in the FaSC guide at this time.

Please select only one (1) of the following:

I am a: ☐ Spiritual Director/Companion ☐ Chaplain ☐ Spiritual Life Coach
☐ Formation Training Program ☐ Retreat Center

If FT program or retreat center, what is the name of your business/institution?

Do you provide SD supervision? ☐ YES ☐ NO

Which Spiritual Tradition do you offer your services in:

- | | |
|--|--|
| <input type="checkbox"/> Bahai | <input type="checkbox"/> Neopaganism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Quaker |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Shinto |
| <input type="checkbox"/> Confucianism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Spiritual but Not Religious |
| <input type="checkbox"/> Interfaith | <input type="checkbox"/> Spiritual Independent |
| <input type="checkbox"/> Interspiritual | <input type="checkbox"/> Taoism |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Unitarian Universalist |
| <input type="checkbox"/> Judaism | <input type="checkbox"/> Wicca |
| <input type="checkbox"/> Mormonism | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Native/Indigenous | |

Would you like to highlight any specific areas of expertise that you have?

- | | |
|--|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> African Cultures | <input type="checkbox"/> Homeless/Low Income |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Immigrants/Displaced |
| <input type="checkbox"/> Asian Cultures | <input type="checkbox"/> Incarceration/Justice/Legal |
| <input type="checkbox"/> Children/Teens | <input type="checkbox"/> Latin American Cultures |
| <input type="checkbox"/> Codependency | <input type="checkbox"/> LGBTQIA+ |
| <input type="checkbox"/> Corporate/Workplace | <input type="checkbox"/> Men's Issues |
| <input type="checkbox"/> Couples/Families | <input type="checkbox"/> Mental Health/Depression |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Middle Eastern Cultures |
| <input type="checkbox"/> Differently Abled | <input type="checkbox"/> Mindfulness/Meditation |
| <input type="checkbox"/> Divorced/Widowed | <input type="checkbox"/> Native/Indigenous Cultures |
| <input type="checkbox"/> Dying/Sick/Hospice | <input type="checkbox"/> Non-Traditional Healing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Physical or Sexual Abuse |
| <input type="checkbox"/> Elderly/Mature | <input type="checkbox"/> Psychic Phenomena |
| <input type="checkbox"/> Energy Work | <input type="checkbox"/> Sports |
| <input type="checkbox"/> European Cultures | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Young Adults |
| <input type="checkbox"/> Group Spiritual Direction | |

What types of consultation do you do:

- ☐ In-Person
☐ Remote (voice only) by traditional phone
☐ Remote (audio/video) Zoom, Skype, etc.

What languages do you offer your services in:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Malay |
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> Polish |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian |
| <input type="checkbox"/> German | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Japanese | |

Would you like to make a donation to one of our causes:

I want to support the general work of Spiritual Directors International by giving an unrestricted donation. USD\$_____ is enclosed.

I want to support non-US spiritual directors who rely on the Mary Ann Scofield, RSM International Scholarship Fund. USD\$_____ is enclosed to assist limited-income international members.

I want to support US students, interns, and others who need assistance. USD\$_____ is enclosed to assist limited-income US members.

If you are paying by credit card, please call our office at +1-425-455-1565 with your credit card information.

Optional demographic information that helps us better serve our community:

Birthdate: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary/Gender Fluid

What is your one (1) personal "primary" spiritual affiliation:

- | | |
|--|--|
| <input type="checkbox"/> Bahai | <input type="checkbox"/> Neopaganism |
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| <input type="checkbox"/> Christianity | <input type="checkbox"/> Shinto |
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| <input type="checkbox"/> Mormonism | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Native/Indigenous | |

Thank you!

Please mail or scan then e-mail to office@sdiworld.org:

Spiritual Directors International
3800 Aurora Ave N, #120 Seattle, Washington, 98103,
USA