



Membership Application for the Temple of AIM Community

Name _____

Address _____

Phone _____ Email Address _____

_____ I accept and agree with the Temple of AIM Statement of Faith

_____ I agree to learn more about Informational Medicine and Dynamic Labile Equilibrium

_____ I agree to treat other members in discussion groups kindly and with respect

_____ I intend to pursue certification as a _____

_____ I intend to become licensed as an AIM Spiritual Healer

_____ I intend to build a spiritual healing business with my CoRe Inergetix

Name (please print clearly): _____

Email address (please print clearly): _____

Signature _____ Date _____