



Self Recognition Meditation SRM™ Application for Instruction

Please fill out this Application form as the first step towards personal instruction in Self Recognition Meditation SRM™. This information will remain confidential. Please print clearly or type. This is a fillable form.

Name

Age

Address

Telephone

Occupation

Education level

Field of Study

Date of birth M/D/Y.

Place of Birth

Time Born

Are you 18 & living with your parents?

City

State/Region

Country

Yes.

No

(If yes, please provide a parent consent letter to learn SRM)

Have you ever used any type of meditation, other spiritual practice, or self-improvement program? If yes, please describe technique and years practiced.

Name of teacher, organization and/or book(s) studied and number of years of study

Mantras used past and present

If you are a meditation teacher what method and how long teaching?

Please describe general experiences and results from your previous meditation

What are your goals or expectations from this meditation program?

At this moment, how is your state of mind (circle)? Great Good Worried Tense
Describe

If you meditate do you have many overwhelming thoughts? Yes No

Do you sleep well? Yes No

What is your current state of health?

Have you had any long-term illness, such as heart or breathing problems, etc.?
If yes, describe

Have you been under psychiatric treatment or any other psychological program?
If yes, when?

Are you currently experiencing or under a doctor's care for any of the following?

- | | |
|------------------------------|------------|
| Chronic Stress and/or Trauma | Depression |
| Anxiety | Insomnia |
| DID | Bi Polar |
| Schizophrenia | Other |

Have you taken hallucinogenic drugs? Long ago Recently Currently using No

Other non-prescription drugs? Long ago Recently Currently using

Describe drug and timeframe

Can you abstain from use of recreational drugs to facilitate SRM training? Yes No

Agreements:

The above information is given voluntarily by me when requesting an interview prior to personal instruction. I wish to start the unique practice of Self Recognition Meditation SRM™ to accelerate my own personal development. I am aware of the importance of verification and intellectual understanding of Self Recognition Meditation SRM™ experiences and their effects on daily life. Therefore, I will attend all sessions of personal instruction scheduled within the first two or three weeks of instruction, as well as any subsequent sessions as may be necessary to ensure maximum progress. I agree to seek verification of meditation once a month for my first year of meditation.

Agreements continued:

I understand that after six months of regular practice of Self Recognition Meditation SRM™, I will be eligible for additional training that accelerates my personal growth. I also understand that from time to time I will be offered advanced lectures and retreats that will deepen my understanding and progress.

I agree that all instruction in Self Recognition Meditation SRM™ is for my own personal use and, to ensure the effectiveness of the teaching, I agree that I will not divulge directly or indirectly the mantra I receive or the method of how to use it. Furthermore, I agree that I will not disclose, publish, or make any attempt to teach Self Recognition Meditation SRM™ technique until I have personally received training necessary to be a qualified Self Recognition Meditation SRM™ instructor.

I agree that I am applying for personal instruction in Self Recognition Meditation SRM™ for my own personal use and not to benefit any other person, organization (public, private, or governmental) that might teach another form meditation or wish to know what Self Recognition Meditation SRM™ is and how it is applied.

I understand that there is no other meditation form like Self Recognition Meditation SRM™. I understand that mantra selection, proper use of the mantra, and science and philosophy are proprietary knowledge protected under the law.

I understand that results may vary from person to person. Self Recognition Meditation SRM™ has proven to be highly beneficial, yet the organization and teachers assume no liability or responsibility for results. I understand that my data will not be used, shared or sold outside of the SRM organization and its affiliates.

Date

Signature

SRM Teacher Signature

Print name

Print name

Email

Note: If I provide an electronic signature I agree that it is legally binding as if it were a handwritten signature. Initial or check the box indicating that you understand.