

HeartLight Spiritual Center

-- Membership Form --



Name _____

Address _____

City / State/ Zip Code: _____

Email (*Please Print Clearly*) _____

Cell (_____) _____ Home/Work (_____) _____

Occupation _____ (Optional)

Hobbies/Interest _____ (Optional)

OK to share contact information with other Members? CIRCLE ONE: YES NO

ie: Compassionate Care Team or other HLSC individuals or groups. (No Public Listing)

If Yes, please share birthday for care team to reach out: **Month/Day** ____/____

Membership Opportunities:

- ✓ I will have the opportunity to have a voice through voting at Annual and Special Meetings
- ✓ I will have the opportunity to be dedicated and committed to my own Spiritual Growth
- ✓ I will have the opportunity to support the Center with my Time, Talent and Treasure
- ✓ After 6 months, I will have the opportunity to be nominated to serve on the Board of Advisors

Please note: All members must renew their membership every three years as per our current bylaws.

Enclosed is my tax-deductible gift of \$ _____ (Optional, but appreciated)
(Please make all checks payable to HLSC)

You can also *DONATE* via PayPal on our website: www.heartlightcharlotte.org – **Thank you!**

It Takes a Village!

Count on me! I am interested in volunteering in the following areas.

- | | | |
|----------------------|---------------------------|--------------------|
| _____ Sunday Service | _____ Greeting/Ushering | _____ Hospitality |
| _____ Youth Program | _____ Music/Choir | _____ Maintenance |
| _____ Special Events | _____ Membership | _____ Audio/Visual |
| _____ Office/Admin | _____ Marketing/Promotion | _____ Care Team |

Signature _____ Date _____