

# HeartLight Spiritual Center

## -- Membership Form --

Per the bylaws: Once you have attended "regularly" for 3 months, you are invited to JOIN HeartLight.

### Membership Opportunities/Benefits:

- ✓ I will be able to **vote at Annual and Special Meetings** and **serve on committees and advisory boards.**
- ✓ I will be able to take advantage of **special member pricing for select trainings, workshops and events.**
- ✓ I will have the opportunity to support HeartLight with my **Time, Talent, and Treasure.**
- ✓ After 3 months, I will be able to **use HeartLight facilities** based on current member guidelines.
- ✓ After 3 months, I will have the opportunity to **request support from the Angel Fund.**
- ✓ After 6 months, I will have the opportunity to be **nominated to serve on the Board of Advisors.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State/ Zip Code: \_\_\_\_\_

Email (*Please Print Clearly*) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Home/Work (\_\_\_\_\_) \_\_\_\_\_



**Please note:** Per Bylaws: New members are invited to learn the Principles of HeartLight and tithe regularly. To maintain membership, group renewals are offered every 3 years.

### It Takes a Village!

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

\_\_\_\_\_ Audio/Visual Team      \_\_\_\_\_ Care Team      \_\_\_\_\_ Event Center Committee  
\_\_\_\_\_ Greeters Team      \_\_\_\_\_ Landscape Committee      \_\_\_\_\_ Marketing Committee

### Membership/Community Directory

**A private directory for the members to reach each other. Option to include your occupation and/or skills/training for members to consult when seeking products and/or services.**

Include your information available to 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** \_\_\_\_/\_\_\_\_

**Optional: Share your occupation and/or skills/training below to be added to the community directory:**

Occupation \_\_\_\_\_ (Optional)

Skills/Training \_\_\_\_\_ (Optional)

Website: \_\_\_\_\_ Business email: \_\_\_\_\_ (Optional)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit at Heartlight or Mail to: HeartLight Spiritual Center, 7300 Mallard Creek Rd, Charlotte NC 28262