

Beacon Haven — operated by Clifton House, Inc.

Membership Application

Effective August 1, 2011 through July 31, 2012

Name _____

Address _____

City _____ State: _____ Zip: _____

Email _____

Phone _____ Cell Phone: _____

_____ Yes, I want to continue to support proper care and an atmosphere expectant of healing through Christian Science nursing by my membership

_____ Enclosed is a check for my dues (\$25 per person annually)

_____ Please charge my credit card for my dues (\$25 per person annually)

Card Type – Visa, MasterCard, Discover, American Express (please circle)

Card Number _____

Expiration Date _____ month / year

Verification Code _____ 3 digits from back of card (4 on front for AmEx)

_____ I am including an extra contribution of \$ _____

I am interested in volunteering for:

_____ Membership: Recruit a new member

_____ Mailing Committee: Newsletters, flyers, etc.

_____ Fund Raising: Do you know someone who could help us?

_____ Special Projects: Lunch Bunch, Inspiration Activities

_____ Read or provide music: Either at Lunch Bunch or for patients

_____ Building and maintenance: Let us know what skills you possess.

_____ Grounds, Gardening: Let us know what you'd like to do to help.

_____ Inside: Receptionist, cooking, shopping, dish washing, cleaning etc.

_____ Service as a Trustee: 3-year term

The following information is needed when determining Trustee eligibility:

Branch Church member? Yes _____ No _____

Member of The Mother Church? Yes _____ No _____

Have you had Class Instruction? Yes _____ No _____

_____ Other? _____

I have the following question I would like to have answered

