



HARMONY GROVE SPIRITUALIST ASSOCIATION APPLICATION REINSTATEMENT OF MEMBERSHIP

ALL APPLICATIONS FOR MEMBERSHIP WILL BE CONSIDERED AT THE MONTHLY BOARD OF DIRECTORS MEETING.
MEMBERSHIP DUES: **Associate \$40/ Regular \$60.00 / Senior \$30.00***. DUES SHALL ACCOMPANY THE APPLICATION.
PLEASE MAKE CHECKS PAYABLE TO: HARMONY GROVE SPIRITUALIST ASSOCIATION.

Applicant's Name (Print): _____ **Phone:** _____

Street/Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

To the Board of Directors:

I do hereby submit my application for reinstatement of my past membership in Harmony Grove Spiritualist Association and, if accepted, I will conform to all rules and regulations as contained in the Bylaws of this Association; as failure to do so may be cause to terminate all membership privileges. I understand that my membership includes the responsibility of my promoting the cause of Spiritualism by my words and actions and supporting Harmony Grove spiritually and materially to the best of my ability. With my signature below, I affirm that I declare without mental reservation my belief in the teachings of the religion, and I will use my membership to; (1) aid the Association in every possible manner, by word or deed; (2) work in such capacity as may be needed; (3) further the purpose for which the Association was founded and (4) strive at all times to interact with one another harmoniously.

Applicant's Signature: _____ **Date:** _____

Spiritualist Church Affiliation/Attended: _____

City: _____ **State:** _____ **Zip Code:** _____

Length of Affiliation: _____ **Name of Pastor/Minister:** _____

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HGSA Sponsor Required (Print Name): _____

(HGSA Member) Sponsor's Signature: _____

Date of Approval: _____ **President:** _____

Recording Secretary: _____

* Senior Membership Dues applies only if you are 62 years of age by January 1st of the year that you re-apply.



HARMONY GROVE SPIRITUALIST ASSOCIATION APPLICATION FOR REINSTATEMENT OF MEMBERSHIP

Name: _____

REINSTATED MEMBER: Please tell us about yourself and your background in Spiritual Awareness.

CLASSES ATTENDED: _____

CERTIFICATES (Healing, etc.): _____

LICENSED OR ORDAINED: _____

Harmony Grove Camp has existed since 1896 due to the participation of its members who offered their time and talents by volunteering wherever and whenever they could.

Please tell us about: **YOUR WORK** _____

SPECIAL INTEREST/ HOBBY _____

Please check below, your area of expertise and/or interest. Your assistance in the operation of the Grove would be greatly appreciated as volunteers are the **LIFE BLOOD** of the Grove.

Buildings	Grounds	Programs	Ways & Means	Public Relations
<input type="checkbox"/> Maintenance <input type="checkbox"/> Carpentry <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Painting <input type="checkbox"/> General Repair	<input type="checkbox"/> Maintenance <input type="checkbox"/> Grounds/Weeding <input type="checkbox"/> Water & Sprinkler <input type="checkbox"/> Fountains <input type="checkbox"/> Care of Flag <input type="checkbox"/> Painting <input type="checkbox"/> Trash Clean Up	<input type="checkbox"/> Assembly/Programs <input type="checkbox"/> Solicit Ads <input type="checkbox"/> Monthly Calendar <input type="checkbox"/> Email NewsLetter <input type="checkbox"/> _____	<input type="checkbox"/> Chair <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Food Service <input type="checkbox"/> Fund Rising <input type="checkbox"/> _____	<input type="checkbox"/> Chair <input type="checkbox"/> Advertising <input type="checkbox"/> Community Contact <input type="checkbox"/> Special Events <input type="checkbox"/> Entertainment <input type="checkbox"/> _____
Membership	Housekeeping	Audit & Budget	Church	Book Store
<input type="checkbox"/> Chair <input type="checkbox"/> Recruiting <input type="checkbox"/> Telephoning <input type="checkbox"/> Clerical <input type="checkbox"/> _____	<input type="checkbox"/> Clean Cabins <input type="checkbox"/> Public Bldgs <input type="checkbox"/> Decorating <input type="checkbox"/> Up-Keep	<input type="checkbox"/> Chair <input type="checkbox"/> Accounting <input type="checkbox"/> Auditor Lyceum <input type="checkbox"/> Teacher	<input type="checkbox"/> Hospitality/Greeter <input type="checkbox"/> Bell Ringer <input type="checkbox"/> Flowers <input type="checkbox"/> Healing <input type="checkbox"/> Offering	<input type="checkbox"/> Chair <input type="checkbox"/> Clerk/Cashier Library <input type="checkbox"/> Chair <input type="checkbox"/> Clerk

Important Note: Personal Information is required as a prerequisite for Membership to Harmony Grove Spiritualist Association (HGSA). HGSA will not share or sell that personal information about our members or memberships to any outside agency, other member or other third party unless the New Member was made aware of this possibility prior to submitting their personal information. In addition to the **Weekly HGSA Email Newsletter and Regular USPS Mail**, occasionally it is necessary for authorized officers or members of HGSA to contact members by phone or by email, whichever is specifically authorized by the New Member upon Application of Membership. **Please tell us how** we may contact you and/or if we may release your phone number and/or address and/or email address to other members or third parties specifically related to Harmony Grove Spiritualist Association functions, activities and committees.

I authorize Harmony Grove Spiritualist Association to contact me by Telephone Email
 Never release my personal information

I authorize Harmony Grove Spiritualist Association to release my personal information in accordance with the above.
 Telephone Number Email Street Address

