

THE INDIANA ASSOCIATION OF SPIRITUALISTS, INC.
P.O. Box 132
Chesterfield, IN 46017
(765) 378-0235 www.campchesterfield.net
MEMBERSHIP APPLICATION

Name: _____
(please print)

Address: _____
(Number and Street)

(City) (State) (Zip Code)

Phone Number: _____ Email Address: _____

I hereby apply for membership in The Indiana Association of Spiritualists, Inc. (IAOS). I have read, agree with and accept the Declaration of Principles listed below.

1. We believe in Infinite Intelligence.
2. We believe that the phenomena of Nature, both physical and spiritual, are the expression of Infinite Intelligence.
3. We affirm that correct understanding of such expression, and living in accordance therewith, constitute true religion.
4. We affirm that the existence and personal identity of the individual continue after the change called death.
5. We affirm that communication with the so-called dead is a fact, scientifically proven by the phenomena of Spiritualism.
6. We believe that the highest morality is contained in the Golden Rule:
“Whatsoever ye would that others should do unto you, do ye also unto them.”
7. We affirm the moral responsibility of the individual, and that we make our own happiness or unhappiness as we obey or disobey Nature’s physical and spiritual laws.
8. We affirm that the doorway to reformation is never closed against any human soul, here or hereafter.
9. We affirm that the precepts of prophecy and healing contained in the Bible and all sacred writings of the world are divine attributes proven through mediumship.

I pledge to support this Association spiritually, physically, and financially to the best of my ability. I hereby affirm that I am at least eighteen (18) years of age. My dues for this year of application are included and payment is via the method indicated on the reverse side of this application. I understand that in accordance with Article V, Section 3 of the I.A.O.S. Bylaws; “...No person shall be ...entitled to vote...unless such person has been a member in good standing for at least 12 consecutive months...”

Signature of Applicant _____ Date: _____

Occupation: _____

Member of another Spiritualist organization(s)? _____ Which one? _____.

Do you attend church services at Camp Chesterfield? _____

Do you attend development classes? _____ Who Is the teacher? _____

Why do you want to be a member of this association? _____

What skills do you bring to Camp? _____

References from member/leaseholder: _____

Payment Method and Amount (payment must be included with the application):

Dues \$ 50.00
Donation _____
Total \$ _____

Cash Check or Money Order (payable to Camp Chesterfield)

Credit Card (complete authorization below)

Visa Master Card American Express

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Credit Card Number

Verification code (3 or 4 digit code on card)

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Expiration date (mm/yy): __ __ / __ __

Please charge my credit card for a total of \$ _____ as detailed above.

Name as it appears on Credit Card _____

Signature _____ Date _____

Do not write below this line – For Office Use Only.

This application was () accepted () rejected by the Executive Board of the Indiana Association of Spiritualists, Inc. on _____ and so entered into the official book of minutes.

Letter and card sent: _____
Bylaws sent: _____ (Secretary's Signature) (date)
Ledger card made: _____
Entered into database: _____