



BEACON HAVEN

Operated by Clifton House, Inc.

Supporting proper care and an atmosphere expectant of healing through Christian Science nursing

Membership Application To Support Christian Science Nursing

Effective August 1, 2022 through July 31, 2023

Please fill out form and return with your dues.
Dues must be current to vote at the annual meeting.

Name _____

Address _____

City _____ State: _____ Zip: _____

Email _____

Phone _____ Cell Phone: _____

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

DUES \$25.00 per year \$ _____

EXTRA Contributions to support Christian Science nursing are appreciated \$ _____

TOTAL \$ _____

_____ Enclosed is my check (payable to Beacon Haven)

_____ Please charge my credit card for my dues

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)

1200 Long Lake Rd., New Brighton, MN 55112-6430

Office: 651-379-0100 • Fax: 651-379-0601 • Christian Science Nurse Service: 952-892-3333

www.beaconhaven.org