



**SEDONA METAPHYSICAL
SPIRITUAL ASSOCIATION**

A CHAMBER OF COMMERCE
AFFINITY GROUP

Membership Application Form per _____

Name(s): _____

Business Name: _____

Business Address: _____

Business Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Email: _____ **Alternative email:** _____

Website: _____

I am applying for: Corporate Membership at \$150 per year
 Vision Partner at \$75 per year

I am currently a member of the Sedona-Oak Creek Chamber of Commerce Yes No
 No, but I will be within 2 weeks from now. I will advise SMSA.

My membership will be part of a group membership Yes No

I agree to abide by the Association's current year policies and practices,
including the contents of the SMSA Pledge of Integrity.

I am currently operating the business and practicing the modality
that will be represented in my Association listing in both SMSA website and SMSA brochure form.

I intend to attend at least 3 monthly business meetings per year.

My application letter contains the following information: a description of my business and the modalities I
practice, my experience/qualifications/licensing, familiarity with other SMSA members, if any, and the
reason why I choose to join SMSA in a mutually beneficial way.

I am sending my Application Form by e-mail to the Membership Chair and a printed version with my check.
I am sending my Application Letter by e-mail to the Membership Chair.

I am aware that my application is subject to approval by the Executive Committee.

Signature: _____

Date: _____

*Make checks payable to **Sedona Metaphysical Spiritual Association**
Mail your check to: Sedona Metaphysical Spiritual Association, P. O. Box 3985, Sedona, AZ 86340*

For Official Use Only

Membership starts per: _____ Date: _____ Received by: _____

Paid: Amount: _____ Cash _____ Check Number _____