



CAMP EVERGREEN
APPLICATION FOR CHURCH
MEMBERSHIP

CONTACT INFORMATION:

Church Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Church Representative to Camp Evergreen: _____

Phone: _____

Email: _____

The church is responsible to alert Camp Evergreen when a new camp representative is elected or appointed.

QUESTIONS OF INTENT:

Are you in agreement with Camp Evergreen's vision, mission, and values?

Yes

No

Are you in general agreement with Camp evergreen's Confession of Faith?

Yes

No

MEMBERSHIP FEE:

Camp Evergreen requests a church fee of \$200.00. Please include your membership fee with this application. Credit card payments can be made by calling the Camp's office at 403.638.4230.

MEMBERSHIP COMMITMENT:

I commit to:

1. **PRAY** that Christ will be advanced and lives transformed through camping ministry.
2. **PARTICIPATE** financially
3. Be **PRESENT** at Camp Evergreen business meetings and most important the AGM

Authorized Signature

Name

Date

Upon completion of this form, please send it by mail:
Camp Evergreen / Box 492 / Sundre, Alberta / T0M 1X0
Or email to:
main@camp-evergreen.com