

CAMP EVERGREEN APPLICATION FOR INDIVIDUAL MEMBERSHIP

| CONTACT INFO | RMATION: | |
|----------------------|---|---|
| Name: | | |
| Address: | | |
| | | |
| Postal Code: | | |
| Phone: | | |
| Email: | | |
| Which church, if an | y, are you a member | of? |
| QUESTIONS OF | INTENT: | |
| Are you in agreeme | nt with Camp Evergr | een's vision, mission, and values? |
| Yes | No | |
| Are you in general a | agreement with Cam | evergreen's Confession of Faith? |
| Yes | No | |
| MEMBERSHIP F | EE: | |
| | quests an annual me e date of the Annual (| mbership fee of \$20 from each individual General Meeting. |
| - | membership fee wit Camp's office at 403 | n this application. Credit card payments can be 3.638.4230. |
| MEMBERSHIP C | OMMITMENT: | |
| 2. PARTICIPATE fi | nancially | nd lives transformed through camping ministry. |
| Applicant Signature | <u> </u> | Date |

Upon completion of this form, please send it by mail:

Camp Evergreen / Box 492 / Sundre, Alberta / TOM 1X0

Or email to:

main@camp-evergreen.com