

Camp Tulahead Partners in Ministry Application Form

Membership in the Camp Tulahead Society

Name:			
Mailing Address:			
Home Phone:		Email:	
Home Church:			
How did you become connected with Camp Tulahead?			
How long have you been involved with Camp Tulahead and in what capacity?			
Why do you want to become a member of the Camp Tulahead Society?			

<p>My monthly contribution level will be:</p> <p><input type="checkbox"/> Bronze \$25/month</p> <p><input type="checkbox"/> Silver \$50/month</p> <p><input type="checkbox"/> Gold \$75/month</p> <p><input type="checkbox"/> Platinum \$100/month</p> <p><input type="checkbox"/> Diamond \$200/month</p> <p><input type="checkbox"/> Other \$_____/month</p> <p>My contribution will be made on the:</p> <p><input type="checkbox"/> 1st <input type="checkbox"/> 15th</p>	<p>I prefer to make my contribution by:</p> <p><input type="checkbox"/> Direct Deposit (please sign the highlighted area of the PAD agreement on the reverse side of this form, and attach a void cheque)</p> <p><input type="checkbox"/> Credit Card (please note 4% of CC donations go to fees)</p> <p style="text-align: center;"><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Credit Card #: _____</p> <p>Expiry Date: _____</p>
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I authorize Camp Tulahead and the financial institution to charge my account/credit card each month with the amount shown above. This authority will remain in effect until I give written notice to cancel it. I understand that all changes in status to this agreement take three to six weeks to be processed. By becoming a Partner in Ministry, I agree to receive Camp Tulahead email correspondence. As a voting member of the Society, I confirm that I am 19 years of age or older. I understand that all members of the Camp Tulahead Society must agree to the Camp Tulahead Statement of Faith, vision, mission and core values (please refer to the Partner in Ministry brochure).

Name: _____

Signature: _____ Date: _____