


INDIVIDUAL MEMBERSHIP APPLICATION

WEST CHAZY HOLINESS CAMPMEETING ASSOCIATION, INC.

Applicant's Name:		Date:
Spouse's Name:	Address:	
City:	State/Zip:	
Phone: ()	Email:	

	West Chazy Holiness Campmeeting Association's Statement of Faith:
	<i>I testify that I believe in the one living and true God; who is Father, Son, and Holy Spirit. The Savior of all who put their faith in Him alone for eternal life. His only begotten Son, Jesus Christ; crucified, risen, and coming again, who is my Lord and Savior. We believe that those who are made new in Christ are called to be Holy in character and conduct in private and public.</i>

YES	Please answer the following questions with an X indicating Yes or No.	NO
	Are you in agreement with and accept the Statement of Faith as printed above?	
	Do you agree to willingly abide by the camp rules?	
	Do you agree to graciously cooperate with the WCHCA, Inc. Board of Directors as they manage the Camp?	
	Do you routinely intend to be on the grounds during the annual Family Campmeeting?	
	Will you give diligent attention to attending services when you are on the grounds during WCHCA, Inc. Family Camp week?	
	Is it your intent to attend and/or support, physically, financially, and spiritually the WCHCA programs?	

Where do you faithfully attend Church _____

Church's Website _____

➤ Please share a brief explanation for your request for membership

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THREE (3) CHARACTER REFERENCES

1. YOUR PASTOR _____

Best Phone Number _____ Email _____

2. WCHCA MEMBER (Non-Related) _____

Best Phone Number _____ Email _____

3. OTHER (Non-Related) _____

Best Phone Number _____ Email _____

I would like additional information regarding: (Check any that apply)

<input type="checkbox"/>	CHILDREN &/OR TEEN PROGRAMS
<input type="checkbox"/>	LADIES' RETREAT
<input type="checkbox"/>	MEN'S RETREAT
<input type="checkbox"/>	MARRIED COUPLES' RETREAT
<input type="checkbox"/>	OWNING A COTTAGE

Having read, and understanding the WCHCA, Inc. Handbook I will abide by the regulations set by the WCHCA, INC.

► _____

Your Signature

► _____

Today's Date

<p>Please Note: The \$25 Nonrefundable Membership fee: <u>WCHCA, Inc.</u></p>	<p>Application mailed to: Melissa L Starks PO Box 187 Raymondville NY13678</p> <p>Check or Money Order sent to: George Phillips 396 Co Hwy 110 Broadalbin NY 12025</p>
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For Office Use Only Date Received / /

Action: Date: / /