

MEMBERSHIP APPLICATION

WHITE RIVER ADVENT CHRISTIAN CHURCH AND CONFERENCE CENTER, INC.
Advent Lane
White River Junction, VT. 05001

Date of Application: _____

Name: _____; Telephone: _____

Address: _____, _____, _____
STREET CITY STATE ZIP

Cell phone: _____; Email Address: _____

Home Church: _____, Phone: _____
NAME

Church Address: _____, _____, _____
STREET CITY STATE ZIP

Please submit the names of two (2) references (one being a Pastor):

#1: Name: _____; Telephone: _____

Address: _____, _____, _____
STREET CITY STATE ZIP

#2: Name: _____; Telephone: _____

Address: _____, _____, _____
STREET CITY STATE ZIP

I hereby apply for membership in the Advent Christian Church and Conference Center, Inc. of White River Junction, VT. I understand my name will not be submitted for membership approval until the Annual Meeting next year.

- *If accepted, I will promise to adhere to its Constitution and By-Laws, support it and, with the help of the Lord, serve as He leads;*
- *I promise to care for and respect the anointed grounds of this camp;*
- *I promise to not partake in any activities that would cause any negative impact upon the grounds or the association of the body of believers that worship here;*
- *I promise to be a faithful steward and understand that my membership does not entitle me to ownership of any of the Lord's land on these grounds.*

With my signature, I acknowledge of my own free will and accept and understand these conditions of membership into the White River Advent Christian Church and Conference Center, Inc.

Applicant's Signature: _____

Date: _____

(FOR CHURCH USE ONLY)

Membership Committee Chairman: _____

Approval Date: _____

Official Board Approval Date: _____

Annual Meeting Ratification Date: _____

NOTES:
