



**Presbyterian Church Camp and Conference Association
2010 Membership Registration/Renewal Form**

ORGANIZATION MEMBERSHIP (\$250)

This includes an Individual membership for one staff person and Associate memberships for two board/committee members and the head of governing body.

Organization Name _____

Sites or Ministries within Organization _____

Mailing Address _____

City _____ State/Province _____ Postal Code _____

Phone Number _____ Web Site _____

Staff Person Name _____

Title _____ Email Address _____

Mailing Address (if different from site) _____

City _____ State/Province _____ Postal Code _____

Phone Number _____ Fax Number _____

Board/Committee Member #1 (not a staff member)

Name _____

Phone Number _____ Email Address _____

Board/Committee Member #2 (not a staff member)

Name _____

Phone Number _____ Email Address _____

Head of Governing Body (you can list them on an additional sheet if you have more than one)

Name _____

Phone Number _____ Email Address _____

For member organizations, additional Individual memberships for staff people are available for \$100 for the first person and \$50 for each person after that

Additional Staff Person #1 (\$100)

Name _____ Title _____

Phone Number _____ Email Address _____

Additional Staff Person #2 (\$50)

Name _____ Title _____

Phone Number _____ Email Address _____

INDIVIDUAL MEMBERSHIP (\$225)

This is for staff people, volunteers in a supervisory capacity, and for members of churches and governing bodies who support the mission, goals and ministries of PCCCA.

Name _____
Mailing Address _____
City _____ State/Province _____ Postal Code _____
Phone Number _____ Email Address _____

ASSOCIATE MEMBERSHIP (\$75)

This is for volunteers, retirees and board/committee members.

Name _____
Mailing Address _____
City _____ State/Province _____ Postal Code _____
Phone Number _____ Email Address _____

STUDENT MEMBERSHIP (\$25)

This is for full or part-time students in graduate or undergraduate studies.

Name _____
Mailing Address _____
City _____ State/Province _____ Postal Code _____
Phone Number _____ Email Address _____

- Yes, I would like to further the mission, goals, and ministry of PCCCA by donating an additional \$_____ as part of my membership fee.

Complete this form and send your check (payable to PCCCA) to:

Alan Herbert, Membership Secretary
171 Chemin Du Lac-Cayamant
Gracefield, QC J0X 1W0
CANADA
(requires \$0.75 in postage)
819.463.2210 or alanherbert171@gmail.com

You can also register/renew your membership online at www.pccca.net!