



ORGANIZATION MEMBERSHIP (\$275)

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 (\$250)

This is for staff people and for volunteers in a supervisory capacity with a camp, conference or retreat ministry.

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

ASSOCIATE MEMBERSHIP (\$80)

This is for volunteers, retirees, board/committee members and for members of churches and governing bodies who support the mission, goals and ministry of PCCCA.

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

STUDENT MEMBERSHIP (\$30)

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:**

**Elise Bates Russell, Membership Secretary
628 Harding Street
Plymouth, MI 48170
(734) 207-8406
elise@campwestminster.com**

**You can also join or renew your membership online at www.pccca.net,
but remember this special pricing is only available until March 31st.**