



**Presbyterian Church Camp and Conference Association  
2008 Membership Registration/Renewal Form**

**ORGANIZATION MEMBERSHIP (\$225)**

**This includes an Individual membership for one staff person and Associate memberships for two board or committee members.**

Organization Name \_\_\_\_\_  
Sites or Ministries within Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Web Site \_\_\_\_\_ Email Address \_\_\_\_\_

**Staff Person** Name \_\_\_\_\_  
Title \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address (if different from site) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Committee/Board Member #1** Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Committee/Board Member #2** Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**For member organizations, additional Individual memberships for staff people are available for \$100 per person**

**Additional Staff Person** Name \_\_\_\_\_  
Title \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address (if different from site) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

## INDIVIDUAL MEMBERSHIP (\$170)

This is for staff people, for 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 \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## ASSOCIATE MEMBERSHIP (\$50)

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

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip 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:

**Cheryl Miller, Membership Secretary**  
Bluestone  
HC 77, Box 40  
Hinton, WV 25951  
(304) 466-0660  
abcandm@bluestonecamp.com

**You can also register/renew your membership online at [www.pccca.net](http://www.pccca.net)!**