



# Presbyterian Church Camp and Conference Association Membership Form

## ORGANIZATION MEMBERSHIP

This includes membership for one staff person, two board/committee members, and the head of governing body. This membership is not tied to the calendar year. It is good for one year (or two years) beyond your joining/renewal date.

- One year of membership (\$380)
- Two years of membership (\$722) *Lock in this price for two years and get a 5% discount!*
- One year of membership for camps with an annual budget of \$200,000 or less (\$210)

Site Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_ Web Site \_\_\_\_\_

**Staff Person** Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address (if different from site) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Name \_\_\_\_\_ Email Address \_\_\_\_\_

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

Name \_\_\_\_\_ Email Address \_\_\_\_\_

**Head of Governing Body** (or another board/committee member)

Name \_\_\_\_\_ Email Address \_\_\_\_\_

**Additional individual memberships for staff people are available for \$50 (one year) or \$95 (two years) for the first person and \$25/\$48 for each person after that.**

**Additional Staff Person #1** (\$50 for one year OR \$95 if you choose the two-year membership)

Name \_\_\_\_\_ Email Address \_\_\_\_\_

**Additional Staff Person #2** (\$25 for one year OR \$48 if you choose the two-year membership)

Name \_\_\_\_\_ Email Address \_\_\_\_\_

## ASSOCIATE MEMBERSHIP FOR 2020 (\$80 for one year)

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 FOR 2020 (\$30 for one year)

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 \_\_\_\_\_

Please complete this form and send it with your check (payable to PCCCA) to Joel Winchip at 9935 Tealridge Lane, Charlotte, NC 28277. You can also pay with a credit card online at [www.pccca.net/membership](http://www.pccca.net/membership).

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