

MASTER GUIDE CLUB MEMBERSHIP APPLICATION

Name _____ Gender Male Female
 Address _____ City _____ Postal Code _____
 Email _____ Phone _____ Cell _____
 Church membership: _____ Birthday (mm/dd/yyyy): _____ Age: _____
 Area of specialization (Check all that apply) Adventurer Ministry Pathfinder Ministry MGT*

*For MGT

I have been a Pathfinder Yes No Where? _____
 Levels you have completed Friend Explorer Voyager
 Companion Ranger Guide

Why have you chosen to be trained as a Master Guide? _____

What God-given talents do you use in the Lord's service? (E.g. Singing, playing the piano or other musical instruments, web or graphic design, etc.). Please specify. _____

COMMITMENT OF APPLICANT

I would like to join the _____ Master Guide Club with heartfelt commitment to uphold the ideals of this ministry, to be trained and deployed for service, and to support by attending all meetings and participating in leadership, discipleship, and outreach endeavors of the club.

Applicant's Signature _____ Date _____

Application Fee \$ _____

APPROVAL OF PARENTS OR GUARDIANS (FOR MEMBERS UNDER 18 YEARS OF AGE ONLY)

We are willing to support our son/daughter, whose name appears above, to become a member of the _____ Master Guide Club, and hereby voluntarily waive any claim against the club or the Alberta Conference of the Seventh-day Adventist Church for any accidents which may arise in connection with the activities of the Master Guide Club.

Signature of Father, Mother or Legal Guardian

Date

FOR OFFICE USE ONLY

Application Approved Yes No Remarks _____

MG Club Director's Signature

Date Approved

