

## Membership Application

I \_\_\_\_\_\_ wish to become a member of Montmorency Community Church Inc. I have read and agree to support the purposes and other rules of Montmorency Community Church Inc. as set out in the associations constitution.

## **Contact Details:**

Address:	 	 	 _
	 	 	 _
Phone:	 	 _	
Email:	 	 	 _
Signature:			 _

DOB: \_\_\_\_\_

## Referee:

I \_\_\_\_\_\_\_ support and recommend the above mentioned person to become a member of Montmorency Community Church.

Name:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please place completed form in the church office mailbox located in the Youth Hall, marked Att: Association Secretary, or email to membership@montycc.org.

Church Leadership Cour	ncil Use Only:		
Approved:	Yes	No	Full Membership
Date:			Associate Membership
Signed:			
Name:			
Added to member regist	ter: Yes		
		Date:	
			www.montycc.org