

Bona Fide Membership Application Form

Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual \_\_\_\_\_\_\_ Family \_\_\_\_\_\_\_\_\_ Organization/Group \_\_\_\_\_\_\_\_\_\_

I confirm that I have read the Membership Code of Conduct and Member’s Acknowledgement, Waiver and Release of Liability, posted for immediate access, and fully understand the terms thereof, confirm that I am of legal age and authorized to execute this instrument. I confirm that in consideration for the privilege of being a Member at the Faith Haven Christian Retreat Center I have accepted the terms thereof and have executed this Application and the Member’s Acknowledgement, Waiver and Release of Liability this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, in the year 20\_\_, of my own free will.

Any breach of the Code of Conduct or disregard of FHCRC rules and regulations will result in revocation of Membership.

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 Applicant Name Applicant Signature

(*Initial*- \_\_\_\_\_\_) I approve for occasional email contact for upcoming events and special promotions. FHCRC will not release or market your email.