Certificate of Membership Form

Club Name: _____Church: _____ Year: _____

Please submit this form and the $10 Conference fee for **EVERYONE** listed. You may make additional copies as needed it.

Check all categories that apply to each participant.

Club Member's Name	Age	Staff	Potential Driver Age 25+

Others (Individuals are non-full-time members, but still require insurance coverage for off-site events they may want to attend) Check all that apply.

Individual's Name	Staff Spouse	Staff Child Under Age 10	Potential Driver Age 25+