

**APPLICATION FOR MEMBERSHIP
CENTRAL PA WESLEYAN
CAMPGROUND & CONFERENCE CENTER**

NAME _____

ADDRESS _____

CITY _____ **STATE** _____

PHONE # () _____ **ZIP** _____

EMAIL ADDRESS: _____

I AM A MEMBER IN GOOD STANDING OF THE
_____ **CHURCH**

PASTOR RECOMMENDATION _____

PASTOR SIGNATURE

APPLICANT SIGNATURE

\$10 MEMBERSHIP FEE ENCLOSED _____

SEND FORM TO:
Lisa Jo Smith
518 Hartman Rd
Middleburg, PA 17842

DATE APPROVED _____