

CLUB MEMBERSHIP

NB: Acceptance of new members will only be at the beginning of each quarter, each year

- To be considered for membership the applicant **must**:
 - Be at least 10 but not more than 15 years old, whether baptized or not
 - Complete and return the application form
 - Pay the requisite fees
- On becoming a member, the applicant commits to:
 - Learn and uphold the ideals of the Pathfinder Pledge, Law, Aim and Motto.
 - Obey all regulations and instructions given by the Pathfinder Staff.
 - Participate in at least 75% of club activities (crafts, outings, regular club meetings, class work, fundraising, community outreach, honours, Conference and Federation sponsored events such as camps, fairs and rallies). Those who do not comply with the stipulated regulations may be placed on probation or be asked to withdraw from membership. Members on probation are not permitted to attend or participate in club events.
 - Have and wear the complete Dress Uniform (Class A) or Field Uniform (Class B) to meetings and club-sponsored events as designated by the Club Director for each activity.

PATHFINDER COMMITMENT

I will do my best to practice the principles and live up to the ideals of the Pathfinder Pledge, Law, Aim, Motto and Song. I will cooperate with the leadership and obey the regulations of the Pathfinder Club as outlined above and as communicated by the Club.

PATHFINDER SIGNATURE	DATE			
		<i>DD</i>	<i>MM</i>	<i>YY</i>

FOR PATHFINDER CLUB ADMINISTRATION ONLY			
		Date	Staff Signature
Application Received			
Membership Approved			
Class Assigned To			
Class Requirements Completed			
Invested			
Club Fees		Paid	Staff Signature
Registration	\$		
Insurance	\$		
Dues	\$		
Workbook	\$		
Club Shirt	\$		



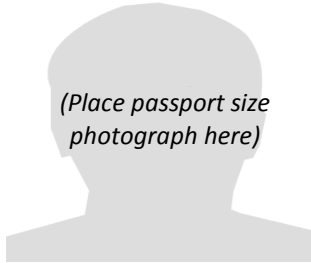
Central Jamaica Conference of Seventh-day Adventists

YOUTH MINISTRIES DEPARTMENT

Pathfinder Membership Application Form



CLUB NAME	
CHURCH	
PARISH	

PATHFINDER INFORMATION				
I would like to be a member of the _____ Pathfinder Club.				
NAME				
	<i>SURNAME</i>	<i>FIRST NAME</i>	<i>MIDDLE INITIAL</i>	
ADDRESS			 <p><i>(Place passport size photograph here)</i></p>	
DATE OF BIRTH				
TELEPHONE				
EMAIL ADDRESS				
SCHOOL				
GRADE/FORM				
I HAVE BEEN A PATHFINDER	YES <input type="radio"/>		NO <input type="radio"/>	
LOCATION				
PATHFINDER HEALTH RECORD				
List any medical condition which club leaders need to be aware of in evaluating or planning participation in club activities				
Special medications or pertinent information				
In case of emergency, I hereby give permission to the medical practitioner selected by the club directors to secure proper treatment for my child. As parent/guardian of the applicant, I am in favour of him/her attending club functions and accept the conditions named.				
SIGNATURE OF PARENT/GUARDIAN		DATE		
		<i>DD</i>	<i>MM</i>	<i>YY</i>

PARENTS COMMITMENT	
I/We have read the requirements for membership in the Pathfinder Club and hereby give permission for _____ to enrol in the Club. <i>Name of Child</i>	
As parent(s)/guardian(s), I/we understand that the Pathfinder Club programme is an active one and includes many opportunities for service, adventure, and fun. We will cooperate by:	
<ul style="list-style-type: none"> • Learning how I/we can assist my child and his/her counsellor • Encouraging him/her to take an active part in all activities. • Attending events to which parents are invited. • By assisting club leaders and serving as leaders if called upon. • By purchasing Pathfinder articles such as uniforms, honours and insurance through the club. • By paying the requisite fees for my child. 	
FATHER/GUARDIAN	
NAME	
ADDRESS	
TELEPHONE	
EMAIL ADDRESS	
I WAS A PATHFINDER	YES <input type="radio"/> NO <input type="radio"/>
I AM/WAS A MASTER GUIDE	YES <input type="radio"/> NO <input type="radio"/>
SIGNATURE	
MOTHER/GUARDIAN	
NAME	
ADDRESS	
TELEPHONE	
EMAIL ADDRESS	
I WAS A PATHFINDER	YES <input type="radio"/> NO <input type="radio"/>
I AM/WAS A MASTER GUIDE	YES <input type="radio"/> NO <input type="radio"/>
SIGNATURE	