



# Master Guide Club Membership Application

Name: \_\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_, ON Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Church membership: \_\_\_\_\_ Birthday (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Area of specialization (please check):  Adventurer Ministry  Pathfinder Ministry

**For MGTs\*:** I have been a Pathfinder:  Yes  No Where? \_\_\_\_\_  
Levels you have completed:  Friend  Explorer  Voyager  
 Companion  Ranger  Guide

Why have you chosen to be trained as a Master Guide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What God-given talents do you use in the Lord's service? (E.g. Singing, playing the piano or other musical instruments, web or graphic design, etc.). Please specify: \_\_\_\_\_  
\_\_\_\_\_

### Commitment of Applicant:

I would like to join the \_\_\_\_\_ Master Guide Club with heartfelt commitment to uphold the ideals of this ministry, to be trained and deployed for service, and to support by attending all meetings and participating in leadership, discipleship, and outreach endeavors of the club.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

### Approval of Parents or Guardians (for members under 18 years of age only):

We are willing to support our son/daughter, whose name appears above, to become a member of the \_\_\_\_\_ Master Guide Club, and hereby voluntarily waive any claim against the club or the Ontario Conference of the Seventh-day Adventist Church for any accidents which may arise in connection with the activities of the Master Guide Club.

\_\_\_\_\_  
*Signature of Father or Legal Guardian*

\_\_\_\_\_  
*Signature of Mother or Legal Guardian*

### FOR OFFICE USE ONLY

Application Approved:  Yes  No Remarks: \_\_\_\_\_

Date Approved: \_\_\_\_\_ MG Club Director's Signature: \_\_\_\_\_