



PLUMSTEAD CHRISTIAN SCHOOL ASSOCIATION
Membership Application

Date: _____

Name: _____

(Note: Use separate applications for husband and wife)

Address: _____

City: _____ State: _____ Zip: _____

1. Have you read the Constitution of the Plumstead Christian School Association?
Yes _____ No _____

2. Have you satisfied the financial requirement for membership in the Association?
Yes _____ No _____

(Note: If you have children in the school and are now paying tuition, this satisfies the clause regarding financial support. Those individuals not currently patrons must give a gift of at least \$50 per calendar year.)

3. Have you personally become a born again Christian?
Yes _____ No _____

4. What is the basis for your Christian profession?

5. What church do you attend? _____
Pastor: _____
Are you a member? Yes _____ No _____
If not, please give a brief explanation.

6. What practical application does your Christian profession have on your daily walk as an individual or a parent?

I hereby request consideration for membership in the Plumstead Christian School Association:

Signature

Date Approved: _____