Northern Dauphin Christian School Association

Application for
Northern Dauphin County Christian School Association

_____New _____Renewal (Complete 1-5 & 8)

1. _____
Name of person(s) applying for membership in N.D.C.C.S.A

2._____
Address: Street/PO Box City State ZipCode

3. _____ 4._____
Phone Number: Home & Work Age(s) of Child (ren)

5.
_____
Church you are currently attending (Must attach church's Statement of Faith)

_____
Church Address: Street/PO Box City State Zip Code

_____ _____
Church Phone Number Pastor's Name

_____
Denominational Affiliation including National Organization

6. Are you a Christian? ☐ YES ☐ NO

7. Written Testimony:

_____
_____
_____
_____
_____

8. Please check area you are applying for: _____Active Voting Membership

_____Associate Membership

_____ _____ _____
Signature of applicant (s) Date

Please submit this form,and the Statement of Faith Form (next page) signed by you and your pastor, with membership dues of $5.00 per person applying. Association Membership Dues are payable by July 1st.