



GEORGIA CAMPERS ON MISSION APPLICATION FOR MEMBERSHIP

Date Completed: \_\_\_\_\_

PERSONAL INFORMATION: Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth date (self): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth date (Spouse): \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

\*(PLEASE LIST ON BACK OF FORM THE NAMES AND BIRTHDATES OF CHILDREN OR GRANDCHILDREN THAT WILL BE TRAVELING WITH YOU)

STREET ADDRESS OR P.O. BOX: \_\_\_\_\_ House or Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

CHURCH MEMBERSHIP: Church Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Phone #: \_\_\_\_\_ Church E-mail Address: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Church Denominational Affiliation: \_\_\_\_\_ If SBC, Name of Association: \_\_\_\_\_

PERSONAL REFERENCES:

(1)Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

(2)Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

INTEREST/TALENTS/GIFTS (Please check all that apply)

- Campground Ministries: \_\_\_ Self \_\_\_ Spouse
Construction/Maintenance: \_\_\_ Self \_\_\_ Spouse
Fairs/Festivals/Special Events: \_\_\_ Self \_\_\_ Spouse
Preparation of Craft Items for Events: \_\_\_ Self \_\_\_ Spouse
Disaster Relief & Recovery: \_\_\_ Self \_\_\_ Spouse
Clowning/Balloon Sculpturing/Face Painting: \_\_\_ Self \_\_\_ Spouse
Revivals/Bible Studies/VB : \_\_\_ Self \_\_\_ Spouse
Tract Distribution/Sharing Personal Testimony: \_\_\_ Self \_\_\_ Spouse
Community Surveys/Church Planting: \_\_\_ Self \_\_\_ Spouse
Raceway Ministry: \_\_\_ Self \_\_\_ Spouse
Seaman's Ministry: \_\_\_ Self \_\_\_ Spouse
Medical/Dental Ministry: \_\_\_ Self \_\_\_ Spouse
State Convention: \_\_\_ Self \_\_\_ Spouse
Other: \_\_\_\_\_ Self \_\_\_ Spouse
Other: \_\_\_\_\_ Self \_\_\_ Spouse

List Areas of Special Training and/or License: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEND COMPLETED FORM TO: Bob Chambers, 203 Nesmith Way, Statesboro, Ga 30548 or e-mail: bchamber@GeogiaSouthern.edu