

DURHAM CHRISTIAN HIGH SCHOOL

340 West Scugog Lane, Bowmanville, ON L1C 7C1 p. 905-623-5940

MEMBERSHIP Application Form

MEMBER INFORMATION

Last Name:		First Name:		
Last Name:		First Name:		
Home Address:		City:		Prov.:
Postal Code:	Home Phone:			
Cell Phone:	E-mail(s):			
Name of Church:				
 Will abide by directives of the 	hrist as Lord and Saviour of my l the objects and bylaws and resc e Board of Directors. Innual membership fee (if applic	lutions of Du	rham Christian High So	chool and the
Signature:			Date:	
Signature:			Date:	
spouse. Membership fe	d wife may both become voting members by sub see is waived for parents of students at Durha this completed form with a cheque for \$100.00 p	m Christian High S	chool.	e is payable by only one
Privacy Policy				
Dereand information on	llasted by Durbam Christian High Cabaal will be	used for the		

Personal information collected by Durham Christian High School will be used for the explicit business functions, promotion and administration of the school and will not be shared without the written consent of the member. Reasonable effort will be made to ensure that personal information is accurate and up-to-date and personal information will not be stored any longer than necessary.

DATE REC'D	APPROVED BY BOARD
	Date:

Please tell us a little about yourself:				