

Pathfinder Club Membership Application

I would like to join the **Apison Allies Pathfinder Club**. I will attend club meetings, hikes, camping and field trips, missionary adventures and other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature: _____

Pathfinder Pledge

By the grace of God
I will be pure, kind and true
I will keep the Pathfinder Law
I will be a servant of God
And a friend to man

Pathfinder Law

Keep the Morning Watch
Do my honest part
Care for my body
Keep a level eye
Be courteous and obedient
Walk softly in the sanctuary
Keep a song in my heart
Go on God's errands



Registration Fee \$30

Monthly Club Dues \$15 (August-May)

Name _____ Date of Birth: _____

Phone _____ Pathfinder's Email _____

Street Address _____

Mailing Address _____ City _____ State _____ Zip _____

School _____ Grade _____

Church _____ Baptized No Yes (If yes, what year _____)

School Related Programs (Choir, Band, etc.) _____

Approval by Parents or Guardians

The applicant is in at least the 5th grade as a Junior Pathfinder, or the 7th grade as a Teen Pathfinder.

We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant become a Pathfinder. We will assist the applicant in observing the rules of the Pathfinder organization. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club or the Georgia-Cumberland Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Pathfinder Club.

As parents we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure, and fun. We will cooperate:

1. By learning how we can assist the applicant and his leaders.
2. By encouraging the applicant to take an active part in all activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.
5. By supplying needed information on the Membership Application and Health Record.

Parent (or Guardian) signature: _____ Date: _____

Father's Name (print) Home Phone Cell Phone Work Phone Email (print)

Mother's Name (print) Home Phone Cell Phone Work Phone Email (print)