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Calvin Christian School

547 West Fifth Street, Hamilton, ON L9C 3P7

phone: 905-388-2645 fax: 905-388-2769 - info@ccshamilton.ca

Membership Application for FULL MEMBERSHIP - Form #1

Name(s): _____

Address: _____

Phone: Residence _____ Cell _____

Places of Employment: _____

I/We attend the following church: _____

I/We wish to become a member of CCS because _____

I (We) apply for membership of Calvin Christian School Society and declare that I (we):

- a. are members in good standing of a *Reformed Christian* church that subscribes to the Belgic Confession, the Heidelberg Catechism and the Canons of Dordt as confessional statements;
- b. profess Jesus as Lord and Saviour;
- c. at the request of the Board of Directors ("BOD"), endorse their agreement in writing with the Statement of Principles of the Corporation; and is in agreement with the Calvin Christian School Mission Statement;
- d. abide by the objects, by-laws and resolutions of the Corporation and the policies and directives of the BOD.
- e. have read the Status and Rights of Membership and will abide by the objects, bylaws and resolutions of the Society, and the directives of its BOD;
- f. have signed the Statement of Agreement, if a parent or guardian of an enrolling CCS student;
- g. agree to pay the annual membership fee;
- h. understand that I may vote on all matters at Society meetings and may serve on the BOD and all school committees.

_____ Name	_____ Signature	_____ Date
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_____ Name	_____ Signature	_____ Date
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Information contained herein is for the use of the CCS-Hamilton only.