



White Rock
Christian Academy

Society Membership Application

1. Date: _____
2. Name: _____
3. Address: _____
4. Email: _____
5. My relationship to White Rock Christian Academy is (choose applicable):
 - A parent of a child who is attending WRCA and has attended WRCA for a minimum of one full academic year. Date child(ren) started: _____ Name(s): _____
 - A parent of a child who has graduated from WRCA
 - A graduate of WRCA
 - A staff member of WRCA
 - A person who is none of the above but is applying to the board of directors to become a member of WRCA
6. By signing this application form, I confirm that I have read and affirm the Statement of Faith and Core Values of WRCA.
7. I have read and agree to abide by the Member Standards Policy of WRCA and understand and agree that if I breach any terms of the Member Standards Policy, the society may terminate my membership.
8. I regularly attend _____ church and have attended there for approximately _____ in length. I authorize the society to contact _____ at the church to verify any information necessary concerning the information above and their contact information is _____.
9. A \$25.00 membership fee/applicant must accompany this application to complete it.

Signature of Applicant