



OPMASDA

ONTARIO PRISON MINISTRY ASSOCIATION OF SEVENTH-DAY ADVENTISTS

APPLICATION FOR MEMBERSHIP

(Duplication of this form is permissible)

A. Name _____ Phone _____
(Please Print)

B. Street Address _____ City _____
Province _____ Postal Code _____

C. Home Church Name _____ Phone _____

D. Pastor's Name _____ Phone _____

E. Name of Local Area Director _____ Area _____

F. Type of Membership Requested (please check one)

Associate

[SDA non-volunteers, non-voting. Fee \$15]

Personal

[SDA volunteers & paid professionals, OPMASDA officers & appointed personnel. Fee \$25]

Honorary

[Non-SDA criminal justice practitioners or volunteers, non-voting, No Fee]

Note: Membership fees apply to the calendar year, January 1 to December 31.

G. Type of Application (please check one)

New

Renewal

H. Name(s) of Institution(s) to which you have provided service(s) or conducted program(s)

Name and Location of Institution

Program/Service Provided

I. My cheque/money order/cash for _____ Canadian dollars is attached.

Make cheque/money order payable to **Ontario Conference of Seventh-day Adventist for (OPMASDA) and mail to Ontario Conference address: 1110 King Street East, Oshawa, ON L1H 1H8*

J. I certify that I am a member in regular standing at my local SDA church.

K. _____
Applicant's Signature **Date**