

Membership Application

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Children and year of birth (if under 18):

Please accept the signature(s) below as an affirmation of support for the Mission & Faith Statements of the WCRA. I (We) understand that WCRC is a ministry of the Mennonite Church and that it is governed by the WCRA Board of Directors who will review this application for membership. I (We) also meet the following requirements:

- 18 years of age or older
- Active participant of the following Christian church: _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

Please enclose a check to *WCRA* for your dues.

_____ \$100 per married couple

_____ \$50 for an individual

Please mail your check and this form to:
WCRC • 9275 Barnes Rd. • Toano, VA 23168

Membership Renewal is in March of each year.