



Pathfinder Club Membership Application

Name of Church _____ Year _____

Seventh-day Adventist Church of the Northeastern Conference

I would like to join the _____ Pathfinder Club. I will attend club meetings, campouts, missionary adventures, and other club outings and activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Name: _____ Sex: ___ Male ___ Female Email: _____

Address: _____ City: _____ ZIP Code _____

Date of Birth: _____ Age: _____ Phone: _____

Registration Fee: \$ _____

Club Dues: \$ _____

Total Payment: \$ _____

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

1. Keep the morning watch.
2. Do my honest part.
3. Keep a level eye.
4. Be courteous and obedient.
5. Walk softly in the sanctuary.
6. Keep a song in my heart.
7. Go on God's errands.

Pathfinder Signature: : _____

Class: Friend Companion Explorer Ranger Voyager Guide

Applying for Membership _____ Renewing Membership _____ Transferring From Another Club _____

_____ Name of club: _____ Location _____

Approval by Parents or Guardians:

We hereby signify the applicant is at least 10 years of age. 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 of the _____ Conference of Seventh-day Adventist 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 club activities
3. By attending events to which parents are invited.
4. By supplying needed information on the Membership Application and Health Record.



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Name of Church _____ **Year** _____

Seventh-day Adventist Church of the Northeastern Conference

Name of Father or Guardian _____

Signature of Father or Guardian _____

Date: _____

Name of Mother _____

Signature of Mother _____

Date: _____

Date of Application: _____ Pathfinder Name: _____

My Dad is a Master Guide Yes no

My Mother is a Master Guide Yes no

My Dad has been a Pathfinder Yes no

My Mother has been Pathfinder Yes no

Other area of Youth Ministry _____

Other area of Youth Ministry _____

Club Use Only

Check () box when completed.

Membership Application (this form) Health & Medical Record _____

Uniform Arrangements _____ Pathfinder permission slip _____

Date _____

_____ Accepted into Preparatory Membership: Date: _____

Initial _____

_____ Completed Preparatory Membership Date: _____

Initial: _____

_____ Inducted into Full Membership Date: _____

Initial: _____

Name of Director: _____

Director's Signature: _____

Area Coordinator Signature _____ Date: _____

*****Please keep copy for NEC Youth Department files*****