



# Membership Application

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Church Name

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Children's Ministry Contact

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Mailing Address

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City

State

Zip

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Billing Address

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City

State

Zip

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Phone

Cell Phone

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Fax

Email

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Approx. Church Size

Approx. Children's Ministry Size

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Church Website

Yes! I would like to be a member of CKC. Please bill my church \$65.00 for the annual membership fee.

Yes! I would like to receive emails and updates from CKC!

**Please mail, email, fax or call in this information to:**

**Mail: CKC, 3715 Oceanic Way, Oceanside CA 92056**

**Phone: (760) 754-1010**

**Fax: (760) 754-8482**

**Email: [ckc@calvaryoceanside.org](mailto:ckc@calvaryoceanside.org)**