

Ohio Conference Pathfinder Membership Application

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

Pathfinder signature: _____

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
 Keep the Morning Watch
 Do my honest part
 Care for my body
 Keep a level eye
 Be courteous and obedient
 Walk softly in the sanctuary
 Keep a song in my heart
 Go on God's errands.



Name _____ Email _____

Phone _____ Cell _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Church _____

I have been a Pathfinder: ___ Yes ___ No Where? _____

My dad is a Master Guide: ___ Yes ___ No My dad has been a Pathfinder: ___ Yes ___ No

My mom is a Master Guide: ___ Yes ___ No My mom has been a Pathfinder: ___ Yes ___ No

Approval by Parents or Guardians

The applicant is at least 10 years of age or in the 5th grade. 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 or the Pennsylvania Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Pathfinder Club.

As parents/guardians 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/her leaders.
2. By encouraging the applicant to take an active part in all activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.
5. By reinforcing the necessity for regular dues paying.
6. By supplying the needed information on the Membership Application and Health Record.

We hereby certify that _____ was born on _____

 Signature of father or guardian

 Father or guardian's occupation

 Signature of mother or guardian

 Mother or guardian's occupation

Date of application _____