



Membership Application Form



ABOUT YOU (CONTACT PERSON)

Mr. Mrs. Ms. Miss Rev. Pastor Dr.

First name: _____ Surname: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Contact Phone (H): _____ (W): _____

(M): _____ FAX: _____

E-Mail Address: _____

ABOUT YOUR CHURCH / ORGANISATION

Church/Org Name: _____

Denomination / Affiliation: _____

Church /Org Address: _____

City: _____ State: _____ Postal Code: _____

Office Phone: _____ Office Fax: _____

Office E-mail Address: _____

Web site Address: _____

MEMBERSHIP TYPE

- Please sign us up as a **WCA Group Member**
Enclosed is the annual Membership fee of **\$249**
- Please sign me up as a **WCA Individual Member**
Enclosed is the annual Membership fee of **\$139**

Please select one: We would like to receive our Defining Moments and Message of the Month in

MP3 format CD and MP3 format

**We will send you an email every month with the MP3 download link information.*

TWO WAYS TO PAY

1. By Credit Card:

Visa MasterCard

Card #: - - Expiry: /

Name on Card: _____

Signature: _____

2. By Cheque:

My cheque is enclosed for: \$ _____

Please make cheques payable to:
Willow Creek Australia ~ PO Box 2086, Mansfield BC, QLD, 4122

Membership fees are paid in advance for a 12 month period. Renewal notices will be sent annually.