

FRONTIERSMEN CAMPING FELLOWSHIP

Application for Membership

Revised 01/01/2012

Ranger's Name _____ Phone () _____ Email _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (ZIP)

Age: _____ Birth Date: ____/____/____ Division (circle one): N.E. N.W. S.E. S.W. Outpost #: _____

Church Name and address: _____ Phone _____

Activities in the church other than Royal Rangers: _____

Present Royal Ranger Position

- Commander/Group Leader Lt. Commander/Asst. Group Leader OP Coordinator Asst. OP Coordinator
 Adventure Ranger Expedition Ranger Outpost Chaplain OP Committee Pastor

Endorsements:

Pastor's endorsements/comments _____

Pastor's Signature _____ Date _____ Phone _____ Email _____

OP Group Leader's Signature (Boys Only) _____ Date _____ Phone _____ Email _____

Sponsor's Signature _____ Date _____ Phone _____ Email _____

Required merits and steps for both boys and leaders: List the date of completion for each.

Rope Craft _____ Fire Craft _____ Cooking _____ Camping _____

Compass _____ Lashing _____ Tool Craft _____ First Aid Skills _____

Explain the plan of Salvation (Checked by) _____

Explain the meaning of the Royal Ranger Emblem (Checked by) _____

(List Dates) 4 Red Points _____ 4 Gold Points _____ 8 Blue points _____

Boys Only:

Date achieved Adventure Ranger: _____ Date of your 11th birthday _____

Leaders Only:

Date completed the RMA Ready Leader: _____ Pastor's Signature: _____ Date _____

Date completed the Safety Ticket requirement #2: _____ Pastor's Signature _____ Date _____

Are you presently a member in good standing in your church? _____

Realizing that the goal of the Royal Rangers Ministry is to empower, equip, and evangelize the next generation of Christ like men and life long servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I do hereby submit my application for membership in the Daniel Boone Chapter of FCF.

APPLICANT'S SIGNATURE _____ Date _____

I plan to attend the Frontier Adventure on _____ at _____
Date Location

Application Fee for membership - enclosed with this application: \$25.00 - NO CASH PLEASE - Please mail check or money order payable to: (Southern MO District A/G - FCF), with this completed form to:

David Hines, P. O. Box 704, Willard, MO 65781 Email: davidhines1@sbcglobal.net Phone: 417-459-6939

For official use only: (list date) Received _____ Amount Paid _____ Reviewed _____ Notified _____ Copy to Scribe _____