



Frontiersmen Camping Fellowship

FCF Membership Application



Name _____ Birthdate _____

Address _____ Division _____

City _____ State _____ Zip Code _____ Email _____

Home Phone _____ Business Phone _____

Church _____ Church Phone _____

Church Address _____ Outpost # _____

Activities in church other than Royal Rangers _____

- Group Leader
 Outpost Coordinator
 Outpost Committee
 Adventure Ranger
 Pastor
 Asst. Group Leader
 Ass. Outpost Coordinator
 Outpost Chaplain
 Expedition Ranger

Membership Requirements

Boys Only

- Graduate of the fifth grade? Y N Date of your 11th birthday: _____
- Are you an active member of your local chartered outpost? Y N
- Choose one:
 - Completed Gold Eagle GE# _____
 - Completed Bronze Medal of Achievement BMA# _____
 - Completed E1 Date: _____

Leaders Only

- Date you completed the Ready level of OLAL: _____
- Date you completed the Safety level of OLAL: _____
- Are you an active member of your local Chartered Outpost? Y N
- Are you presently a member in good standing in your church? Y N

Boys and Leaders

- Complete a Frontier Adventure.
Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Frontier Adventure.

PASTOR'S ENDORSEMENT/COMMENTS

Does the candidate live his life in a Christ-like manner? Please explain:

Pastor's Signature _____ Date: _____

Phone: _____ Email: _____

OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS

Outpost Coordinator's Signature _____ Date: _____

Phone: _____ Email: _____

Sponsor's Signature _____ Date: _____

Phone: _____ Email: _____

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower 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 hereby submit my application for membership."

Applicant's Signature: _____ Date: _____

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:
Mark Jones 2502 S.14th Street, Ozark, MO 65721, Email: markjonesranger@hotmail.com Phone: 417-343-0463

Chapter Use Only

| | | |
|----------------|--------------|---------------------------------|
| Date received: | Amount paid: | Date information letter mailed: |
|----------------|--------------|---------------------------------|

