Pathfinder Club 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
1. Keep the Morning Watch
2. Do my honest part
3. Care for my body
4. Keep a level eye
5. Be courteous and obedient
6. Walk softly in the sanctuary
7. Keep a song in my heart
8. Go on God's errands

Registration Fee $ _____
Club Dues $ _____

Name _____ Phone _____ AY Class _____

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 mother is a Master Guide: ☐Yes ☐No My mother has been a Pathfinder: ☐Yes ☐No

Approval by Parents or Guardians
The applicant must be in at least the 5th grade as Junior Pathfinder, or age 13 as a Teen Pathfinder.

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 _____Conference of Seventh-day Adventist for any Accidents which may arise in connection with the activities of the Pathfinder club.

As parents 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 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 purchasing Pathfinder insurance through the club treasurer.
6. By supplying needed information on the Membership Application and Health Record.

We hereby certify that _____was born on _____
Applicant's name month/day/year

_____ _____
Signature of father or guardian Father's or guardian's occupation

_____ _____
Signature of mother or guardian Mother's or guardian's occupation

Date of application _____

Pathfinder Application Forms are available through Advent*Source*, Lincoln, NE 68506