



# Baltimore Junior Academy

## Seventh-day Adventist Church Membership Verification Form

**To be Completed by Church Member** (Print Clearly)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST MM/DD/YYYY MM/DD/YYYY

HOME ADDRESS: \_\_\_\_\_  
STREET CITY/STATE/ZIP

EMAIL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

*Since the certification below may involve a financial commitment on the part of the certifying church, I understand that each church may have requirements in addition to membership before certifying me as a member to receive constituent rates. To receive the constituent church member tuition discount, this form must be returned to the Baltimore Junior Academy Business Office prior to the first day of the first class; after which the applicant will be charged the non-constituent member rate.*

**To be Completed by SDA Pastor / Church Clerk** (Print Clearly)

Dear Pastor/Church Clerk,

By signing this form, you are affirming that the applicant listed above is a member of the church listed below and that the information stated herein is correct.

MEMBER STATUS:

Constituent SDA tuition rate  Non-Constituent SDA Rate # OF YEARS KNOWN \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SENIOR PASTOR'S NAME: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_  
STREET CITY/STATE/ZIP

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

NAME & TITLE OF INDIVIDUAL COMPLETING FORM: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**This form must be emailed or faxed from an official church email address or fax number. Forms sent from a personal email address or a non-church fax number will not be accepted.**