



SEVENTH-DAY ADVENTIST CHURCH VERIFICATION FORM

Date: _____

I certify that I am a member of the _____ Seventh-day Adventist Church. 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. I further understand that if I do not obtain certification, I will automatically be charged full Non-Member (NSDA) rates.

Student(s) _____

Parent / Guardian Name _____

Parent / Guardian Signature _____

I certify that according to the criteria established by the _____ Seventh-day Adventist Church, the above individual(s) is a member of this church for the purpose of being granted (check one):

_____ Seventh-day Adventist Constituent tuition rates or

_____ Seventh-day Adventist Non-Constituent tuition rates

Pastor or Designee Signature

Date

