



# ARLINGTON

SEVENTH-DAY ADVENTIST CHURCH

*A Fellowship of Love, Acceptance & Forgiveness*

4409 Pleasantview Drive, Arlington, TX 76017 • Phone 817-483-4837 • [www.arlingtonadventist.com](http://www.arlingtonadventist.com)

## Proof of Church Membership 2017-2018

To the Parent or Guardian:

Please see the guidelines for receiving the Arlington Adventist Church member rate for your Burton Adventist Academy student(s). Parents or guardians must:

- Be members of Arlington Adventist Church for 90 days at the time of application
- Support Arlington Adventist Church with regular attendance and church involvement
- Support Arlington Adventist Church with tithes and offerings

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

Parent or Guardian Name (print)		Cell Phone #
Address	City, State	Zip Code

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

*Do not write below this line*

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By my signature below, I confirm that the applicant is a member of Arlington Adventist Church and meets the above mentioned guidelines. I fully agree that it is fair and proper that this applicant receives the SDA member tuition rate for Burton Adventist Academy.

\_\_\_\_\_  
Signature of church treasurer or clerk

\_\_\_\_\_  
Date