

**FORM TO DESIGNATE CHURCH REPRESENTATIVE
AT THE ANNUAL MEMBERS MEETING OF
EVERGREEN CHRISTIAN MINISTRIES**

Please record the following name as a member of the Corporation of Evergreen Christian Ministries for the year 2017-2018 with voting privileges on behalf of:

Church Name

City/Town

Name of Church
Representative: _____

Please email/mail the AMM package to this address:

Email:

OR

Mailing Address:

RETURN COMPLETED CHURCH MEMBER FORM TO ECM OFFICE AT:
ECM, BOX 400, 240 SCOTT ST., STAYNER, ON L0M1S0
FAX 705 428 0829
EMAIL: info@ecmCamps.ca

EVERGREEN CHRISTIAN MINISTRIES

Phone: 705 428-3504

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