



Contact Information:

Full Name (or Company Name): _____

Street: _____ City: _____

Postal Code: _____ Phone: _____

Email: _____ Congregation: _____

OPTION #1: I would like to become a member of ECHS in the following category*:

- | | | |
|----------------------------|---|----------|
| ☐ 1 | Single, Retired, or Over 65 | \$ 185 |
| ☐ 2 | Married, Pre-High School | \$ 247 |
| ☐ 3 | Children in both PCS** & ECHS | \$ 802 |
| ☐ 4 | Children only in ECHS - and PCS members | \$ 1,234 |
| ☐ 5 | Children in Grades 9-12 - not PCS members | \$ 2,098 |
| ☐ 6 | Married, Post High School | \$ 309 |

*** Fees shown are effective July 1, 2026 to June 30, 2027**

** Primary Christian School (PCS) is normally Maranatha Christian School, Dufferin Area Christian School, Cornerstone Christian School, Harvest Canadian Reformed Christian School or Listowel Christian School.

OPTION #2: (a) I will support ECHS with a regular donation of \$ _____ per: ☐ month or ☐ year
(b) I wish to direct \$ _____ of this donation to the Owen Sound Transportation Fund
(c) I wish to direct \$ _____ of this donation to _____

OPTION #3: (a) I will make a single donation of \$ _____
(b) I wish to direct \$ _____ of this donation to the Owen Sound Transportation Fund
(c) I wish to direct \$ _____ of this donation to: _____

Please see Payment Authorization Form (page 2) for submission of further payment/banking information

Lifelong Membership and Pre-Tuition Support

ECHS is a Christian High School that is supported through membership fees and donations. It has been a blessing and privilege to be able to continue to offer such education within the communion of saints. However, on their own, the membership fees do not cover the actual cost of providing the education our children receive. Rather, it is the additional donations, commitment to lifelong membership, and greater number of members that keep these membership fees manageable. Therefore, we encourage our members to commit to a **Lifelong Membership**.

Pre-Tuition (pre-enrollment) Support.

In lieu of higher, user-based tuition fees, **Pre-Tuition Support** is required for members intending to enroll children at ECHS. The amount is calculated at the Category 2 rate for each of the 4 years leading up to the eldest child entering grade 9 and is due by June 30th of the enrollment year. It is highly encouraged for families to enroll as members within the tax-deductible Category 2 when their eldest completes grade 4 to meet this financial commitment.

THANK YOU!

Your generous support makes Quality, Reformed Education at Emmanuel possible!

PLEASE RETURN COMPLETED FORMS AND BANK INFO TO: bookkeeper@ech.s.ca



Member #_____

By agreeing to become members you agree to abide by the ECHS by-laws, and acknowledge that this includes abiding by the key principles as outlined, and agree that both you and your children are subject to the policies as approved by the Board and all actions in keeping with the ECHS by-laws.

This membership / donor support will be effective: _____, 20 _____

Signature: _____ Date: _____

Payment Options:

- ☐ **OPTION #1: PRE-AUTHORIZED MONTHLY** (please circle the date you prefer)
Please register me for Pre-Authorized Monthly Payment with the attached VOID cheque or pre-authorized debit bank form, and debit \$ _____ from this account on the 1st or 15th of each month.
- ☐ **OPTION #2: PRE-AUTHORIZED SEMI-MONTHLY**
Please register me for Pre-Authorized Semi-Monthly Payment with the attached VOID cheque or pre-authorized debit bank form, and debit \$ _____ from this account on the 1st AND the 15th of each month.
- ☐ **OPTION #3: DONATION ONLY**
Please e-transfer to bookkeeper@echhs.ca by AUTO-DEPOSIT E-TRANSFER a donation, as specified within Contact Information on page 1.

Terms and Conditions for Pre-Authorized Payment:

With the signature below, I/we hereby authorize the Emmanuel Christian High School Association to make monthly or bi-monthly withdrawals for the amounts indicated above from our bank, from the account number as given on our sample cheque or bank provided pre-authorized debit form. I/We warrant that the signature in the application is authorized to make withdrawals on our account. This authorization is given in good faith and will remain in effect until I/we have notified the school Treasurer in writing.

It is our responsibility to allow a reasonable time for the banks to process the termination of these pre-authorized payments.

I/We also consent to the disclosure of any personal information that is contained in this agreement, to our bank, as needed to process this application.

- ☐ This is a personal banking account ☐ This is a business banking account

Authorization for Pre-Authorized Debits

Please indicate the date in which this is to take effect: _____, 20 _____

Printed Name: _____

Signature: _____ Date: _____

PR and Local Congregations' Contacts:

PR Chair: Netty Vanleeuwen: pr.chair@echhs.ca
Board Liaison: Brian Jager
Arthur: Antje Vanleeuwen
Elora: Annette Nobel
Fergus Maranatha: Janine Dykstra
Fergus North: Anita Bouwman

Grand Valley: Brad Swaving
Guelph Emmanuel: Theresa Westrik
Guelph Living Word: Dave Timmerman
Listowel: Peter Eygenraam
Orangeville: Andrew VanWoudenberg
Owen Sound: Cathy Scheper