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Rev. Willie W. Demps, Sr., Moderator

## CHURCH APPLICATION FOR MEMBERSHIP

**NAME OF CHURCH APPLYING:** \_\_\_\_\_

**ADDRESS OF CHURCH:** \_\_\_\_\_

**CITY / ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**WEB ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

### MEMBERSHIP INFORMATION:

**NUMBER OF MEMBERS** (PLEASE CHECK BOX THAT APPLIES):

- 1 - 100  
 101 - 200  
 201 - 300  
 301 - 500  
 501 - 1000  
 1000+

**NUMBER OF YEARS IN EXISTENCE?** \_\_\_\_\_

**PASTOR'S NAME:** \_\_\_\_\_

**PREFERRED TITLE:** (please check one)

Reverend     Dr.     Pastor     Elder

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NUMBER OF YEARS AS PASTOR OF THIS CONGREGATION:** \_\_\_\_\_

**WHAT DOES THIS CHURCH DESIRE TO GAIN AS A MEMBER OF THIS ASSOCIATION:**

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**WHAT DOES THE PASTOR DESIRE TO GAIN AS A MEMBER OF THE THIS ASSOCIATION:**

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**ARE YOU WILLING TO ABIDE BY THE CONSTITUTION AND BYLAWS OF THE ASSOCIATION:**

YES  NO