



2400 West Strong Street | P.O. Box 6601 | Pensacola, Florida 32513

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Rev. Dr. Isaac L. Williams, Moderator

CHURCH APPLICATION FOR MEMBERSHIP

Name of Church Applying for Membership: _____

Church Address: _____

City/Zip Code: _____ Phone Number: _____

Fax: _____ Web Address: _____

Email Address: _____

MEMBERSHIP INFORMATION

Numbers of Members (**PLEASE CHECK BOX THAT APPLIES**):

10 - 99

100 - 199

200 - 299

300 - 499

500 - 1000

1000+

Number of years in existence _____

PASTORAL INFORMATION

Pastor's Name: _____

Preferred Title: (please check one) Reverend Dr. Pastor Elder None

Address: _____ City: _____ State: _____

Contact Number: _____ Email Address: _____

Number of years as Pastor of this congregation: _____

(If additional space is needed, you may attach a separate page.)

What does this church desire to gain as a member of this Association?

What does the Pastor desire to gain as a member of this Association?

Are you willing to abide by the Constitution and Bylaws of the Association?

YES NO