

1201 North H Street | P.O. Box 6601 | Pensacola, Florida 32513

Website: www.fwfbda.org Rev. Dr. Paul A. Blackmon, Sr., 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 ED							
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 congr	egation:						

(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	