



Pentecostal / Charismatic Churches of North America

"Demonstrating Unity in the Power of the Holy Spirit"

Membership Application: Local Church

Date _____
Name of Church _____ Yr. Founded _____
Affiliated with whom? _____ Independent _____
Mailing Address _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____
Email _____ Web Site _____
Senior / Lead Pastor _____
Email _____ Cell/Mobile _____
Length of time at this church _____ Length of time in this role _____
Executive Assistant/Secretary/Receptionist _____
Email _____ Phone _____

Number of weekend worshippers _____ Number of weekend services _____
Number of satellite churches if applicable _____

Who will represent the church at the annual meeting? _____

Provide a brief history of the church. See our Web site _____ Sent separately _____
Provide a copy of the church bylaws. See our Web Site _____ Sent separately _____
Provide the church Statement of Faith. See our Web site _____ Sent separately _____
Please provide an explanation as to why the church wants to join PCCNA. _____

The senior / lead pastor and governing body of the church have read and accept the PCCNA Statement of Faith. Yes _____ No _____

The senior / lead pastor and governing body agree to be guided by the Statement of Faith, principles, purposes, and objectives as set forth in the PCCNA bylaws. Yes _____ No _____

The church agrees to the annual financial obligation of PCCNA membership (\$200/year, plus either an annual love offering earmarked for PCCNA or a budgeted amount.) Yes _____ No _____

Signature

Mail or scan and email completed form (plus any additional support documentation) to:
Dr. Jeff Farmer, President
8404 131st St. Ct. E.
Puyallup, WA, 98373
info@pccna.org