



Pentecostal / Charismatic Churches of North America

“Demonstrating Unity in the Power of the Holy Spirit”

MEMBERSHIP APPLICATION: LOCAL CHURCH

Date _____

Name of Church _____ Year Founded _____

Affiliated with whom? _____ Independent _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Primary Phone _____ Other Phone _____

Email _____ Website _____

Senior/Lead Pastor _____ Credentialed with _____

Email _____ Mobile _____

Length of time at this church _____ Length of time in this role _____

Executive Assistant/Receptionist _____

Email _____ Phone _____

Number of weekly worshipers _____ Number of weekly 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 website ____ Sent separately (date) _____

Provide a copy of the church's bylaws. See our website ____ Sent separately (date) _____

Provide the church's statement of faith. See our website ____ Sent separately (date) _____

Please provide an explanation of 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 set forth in the PCCNA bylaws. Yes ____ No ____ The church agrees to the annual financial contribution for PCCNA membership (\$200/year, plus an annual love offering earmarked for PCCNA or a budgeted amount.) Yes _____ No _____

Senior/Lead Pastor Signature _____

Mail or scan and email completed form (plus any additional support documentation) to:

Barbara Gray, Executive Director ■ P.O. Box 3986, Cleveland, TN 37320-3986 ■ pentecostalcharismatic@gmail.com