

CRC Churches International	
<b>Church Affiliation Application</b>	
<b>STATE EXECUTIVE</b>	<input type="text"/>

**SECTION I CHURCH DETAILS**

<b>1</b>	Name of Church			
<b>2</b>	Address			
<b>3</b>	Phone (home)		Phone (work)	
<b>4</b>	Fax		Email	
<b>5</b>	Pastor's Name			
<b>6</b>	Address			
<b>7</b>	Phone (home)		Phone (work)	

<b>8</b>	Names of Oversight/Elders		Phone	
			Phone	
			Phone	
			Phone	
			Phone	
			Phone	
			Phone	
			Phone	

<b>9</b>	Numerical size of congregation in regular attendance (3 times/month)	Adults		Children (U15)	
<b>10</b>	Size 2 years ago	Adults		Children (U15)	
<b>11</b>	Previous Denominational Affiliation (if any)				
<b>12</b>	History of Church	Commencement Date			
		Pioneering Pastor			

<b>13</b>	History of Senior Pastor(s)			
		Name	Date (started)	Date (finished)
	a.			
	b.			
	c.			
	d.			
	e.			
	f.			

<b>14</b>	Has the church had any major split or division? <i>(If yes, please attach details)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15</b>	Is the Church in good standing within the local community?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>16</b>	What property assets does the Church have?	
		Value \$
<b>17</b>	What other assets does the Church have?	
		Value \$
<b>18</b>	What is the current financial status of the Church?  <i>(Please attach an annual financial statement for the previous three years)</i>	Mortgage \$
		Bank Balance \$
		Outstanding Debts \$

<b>19</b>	What is the reason you are applying for affiliation with CRC Churches International?  <i>(Please attach details if necessary)</i>
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<b>20</b>	Has your Oversight team read the CRC Churches International Constitution, State and Local Constitution, Credential Guidelines and Charter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>21</b>	Does your Church and Oversight support this affiliation application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>22</b>	Do you know of any reasons that would prevent this application from approval?  <i>(If yes please attach details)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>23</b>	<p><b>Please attach the Following Items:</b></p> <ol style="list-style-type: none"> <li>1 Your Local Church Constitution or "By Laws"</li> <li>2 Minutes of Oversight/Board for last 12 months</li> <li>3 Audited financial statement from previous three years</li> <li>4 Current financial statement</li> <li>5 Statement of faith (If one is in existence)</li> <li>6 Copy of Property trust deed or equivalent</li> <li>7 Minutes verifying support of affiliation application</li> </ol>
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<b>24</b>	<b>Signatures of Applicants</b>		<b>Date</b>
	Senior Pastor		
	Oversight Member/Elder		

**SECTION II OFFICE USE ONLY**

Date discussed by State Executive	
Result of Discussion	
Remarks	