

CHURCH Application Form

Evangelical Association of Reformed & Congregational Christian Churches

(PLEASE PRINT CLEARLY)

Be it known that this church,

Name of Church _____

Address _____

City _____ State _____ Zip _____

Church Phone _____ Web site _____

Contact Person Name _____

Contact Person Phone Number(s) _____

Contact Person E-mail _____

desires to apply for recognition in the Evangelical Association of Reformed & Congregational Christian Churches. We affirm the Purpose, Organization and Statement of Faith of the EARCCC as well as the validity of the Apostle's Creed, Nicene Creed and other historic creeds of the Reformed Protestant Christian heritage.

Officer Signature _____ Date _____

Officer Printed Name _____

Title _____

Other items (not required) which we hope you will provide along with this application:

- A copy of your church's Constitution and By-laws.
- A brief written history of your church

Support Enclosed (please make checks payable to "Evangelical Association")

_____ Church Dues (suggested minimum \$2 per member)

_____ Additional support for General Fund

_____ Additional support for National Minister Fund

_____ Check here if you **DO NOT** want your church to be listed in any directory or on the web site of the EARCCC

Once this application has been received, you will be contacted by an area representative of the EARCCC to complete the recognition process.

Thanks so much for your interest in the Evangelical Association. If you have questions, please contact:

Rev. Jim Barnes, National Minister at 877-424-1472 or natmin@evangelicalassociation.org

Please return application to:

**Evangelical Association
9051 Watson Road #241
St. Louis, MO 63126**