



**APPLICATION FOR AFFILIATION**

PLEASE PRINT ALL REQUESTED INFORMATION LEGIBLY

DEMOGRAPHICS:

HONORIFIC: (Please check one)       Bishop       Overseer       Senior Pastor / Pastor

GENDER:       Male       Female

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELLULAR PHONE:	HOME FAX:	OTHER:
DATE OF BIRTH: / /	CITY:	STATE:	COUNTRY:

Married     Single     Widowed     Legally separated     Divorced     Engaged

FIRST NAME:	MIDDLE NAME:	MAIDEN AND LAST NAME:
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Is your spouse a member of the clergy at your church?     Yes     No

NAME OF CHURCH:			
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP CODE:
MAILING ADDRESS: (IF DIFFERENT FROM LOCATION)	CITY:	STATE:	ZIP CODE:
CHURCH OFFICE PHONE:	CHURCH FAX:	CHURCH E-MAIL / WEBSITE: (PLEASE MAKE SURE OF CORRECT SPELLING)	

Do you have an Assistant Pastor?     Yes     No    (If yes, list the name of your Assistant Pastor below)

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:	HOME PHONE:	CELLULAR PHONE:	OTHER:



EPISCOPAL INFORMATION *(This information is applicable to Episcopates only.):*

Are you a duly consecrated bishop?     Yes     No *(If yes, please list the request information below)*

NAME OF CHIEF CONSECRATOR:
NAME OF CO-CONSECRATOR:
NAME OF CO-CONSECRATOR:

Date you were consecrated to the bishopric: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Did you submit your Episcopal credentials to the Office of the Secretary General?     Yes     No

If no, than to whom did you submit your credentials? \_\_\_\_\_

If you were not duly consecrated a bishop, in the Lord's Church, please briefly explain how you garnered the title and office of bishop? *Please explain in the space provided below.*

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ACADEMIC INFORMATION:

**HIGH SCHOOL:**

NAME HIGH SCHOOL:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
HIGHEST GRADE LEVEL COMPLETED <i>(CHECK ONE)</i> : <input type="checkbox"/> 9 <sup>TH</sup> <input type="checkbox"/> 10 <sup>TH</sup> <input type="checkbox"/> 11 <sup>TH</sup> <input type="checkbox"/> 12 <sup>TH</sup>	CERTIFICATE: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> OTHER	YEAR GRADUATED:	

**COLLEGE:**

NAME OF COLLEGE OR UNIVERSITY:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DEGREE(S) <i>LIST ABBREVIATION(S) BELOW:</i>	CERTIFICATE <i>(PLEASE SPECIFY)</i> : <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER	YEAR GRADUATED:	

**GRADUATE SCHOOL:**

NAME OF COLLEGE:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DOCTORAL PROGRAM ( <i>CHECK ONE</i> ):	CERTIFICATE:	YEAR GRADUATED:	
<input type="checkbox"/> COMPLETED <input type="checkbox"/> CANDIDATE <input type="checkbox"/> APPLICANT	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER		

**SEMINARY:**

NAME OF SEMINARY:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DEGREE(S): ( <i>LIST ABBREVIATION(S) BELOW</i> )	CERTIFICATE ( <i>PLEASE SPECIFY</i> ):	YEAR GRADUATED:	
	<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER		

By submitting this application you have requested to obtain status as an AFFILIATE MEMBER of the NEW CENTURY FELLOWSHIP OF CHURCHES. With said status, you shall enjoy all of the rights and privileges appertaining thereto. Should you wish to withdraw your membership, please do so by sending a written notice the Presiding Bishop.

If the aforementioned is your understanding, please sign this application and attach copies of credentials and forward them in a sealed envelope addressed to the **Office of the Secretary General – 6615 S. Ashland Street – Chicago, Illinois** – United States of America.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*FOR OFFICIAL USE ONLY\*\***

APPLICATION RECEIVED BY ( <i>PLEASE PRINT YOUR NAME</i> ):	DATE RECEIVED:	DATE FILED:
SIGNED BY:		DATE FILED:
CREDENTIALS RECEIVED BY ( <i>PLEASE PRINT YOUR NAME</i> ):	DATE RECEIVED:	DATE ISSUED:
SIGNED BY:		DATE ISSUED:
PREPARED:		DATE ISSUED: