|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF THE CHURCH** | | **ADDRESS** | | |
|  | |  | | |
| **YEAR ESTABLISHED** | |
|  | |
| **CHURCH PHONE** | | **CHURCH EMAIL** | | |
|  | |  | | |
| **CHURCH OFFICIALS** | | | | |
| **OFFICE** | **NAME** | **PHONE** | **EMAIL** | |
| SENIOR PASTOR |  |  |  | |
| ASSOICIATE PASTOR |  |  |  | |
| SECRETARY |  |  |  | |
| TREASURER |  |  |  | |
| YOUTH PASTOR/DIRECTOR |  |  |  | |
| MISSION DIRECTOR |  |  |  | |
| **CHURCH AFFILIATION DETAILS** | | | | |
| **CHURCH DETAILS** | | **MEMBERSHIP FEES** | | |
| TOTAL MEMBERSHIP |  | **# OF MEMBERS** | **FEE** | **SELECT ONE** |
| OWN CHURCH FACILITY |  | **1-49** | **$ 100.00** |  |
| RENT CHURCH FACILITY |  | **50-100** | **$ 150.00** |  |
| AFFILIATED WITH AG  DISTRICT COUNCIL |  | **101-149** | **$ 200.00** |  |
| **149+** | **$ 250.00** |  |
| **DO YOU WANT TO JOIN AGIFNA FELLOWSHIP** | |  | | |
| **THIS CHURCH IS REGISTERED WITH WHICH AG DISTRICT** | |  | | |
| **SIGNATURE DATE** | | | | |
| **SENIOR PASTOR** |  | | | |
| **SECRETARY** | **DATE:** | | | |
| **Please fill out this form and email it to AGIFNA NATIONAL SECRETARY Pr. Biju Thomas:** [**agifna.us@gmail.com**](mailto:agifna.us@gmail.com)  **call/text 469-748-6234 for mailing address.** | | | | |