|  |  |
| --- | --- |
| **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** **call/text 469-748-6234 for mailing address.**  |