



NF Deaf of the Assemblies of God 1640 Broadway St * Vallejo, CA 94590

Email: contact@nfdeaf.com ** FAX: 707-644-1980 ** TTY/VP: 707-649-1735

Application for NF Deaf Church Affiliating Membership

(When done please either Mail or FAX to Rev Olivia Bibb, NF Bookkeeper. Thanks)

Please use this form for church membership only:

Deaf Church: _____ District: _____

Full Legal Name of District or General Council Affiliated Church Sponsoring Hearing Church: _____

District: _____ Congregational or Departmental Church Name

Senior Pastor: _____ First Middle Initial Last

Address: _____ City: _____ State: _____ Zip: _____

TTY: _____ H/W FAX: _____ H/W Voice: _____ H/W VP: _____ H/W

Church Email: _____ Church Website: _____

Please check: General Council Affiliated: _____ District Council Affiliated: _____ Congregational Affiliated: _____ Departmental: _____

Membership Fee: Church Due: 1% of General Funds (tithes) for District or General Council Affiliated Church; for Congregational Affiliated or Departmental Churches \$10/month or \$120/year if their tithes go into the Hearing Churches
(refer to the Articles of Fellowship – NF Deaf Culture, Section 14.04 – Assemblies Offering)

Church: _____ Date: _____

Signature of Senior Pastor _____

Name of Church Corporate Secretary: _____

Signature of Church Corporate Secretary: _____ Date: _____

Effective Date: _____ Approved by NF Administrative: _____ Date:

_____ New: _____ Upgrade: _____ Lapsed: _____ (rev. 3/28/09)