



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 Credential Holder Membership

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

Credential Holder Name:

_____ First Middle Last **Type**

of Credential (please circle one): Ordained Licensed to Preach Certified Minister Other

_____ (please specify) **Address:**

_____ City: _____ State: _____

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

_____ HW VP: _____ H/W Email: _____

Text/Email Pager: _____ Spouse: _____ Children:

_____ Church/Present Ministry:

_____ District:

_____ Church Name City, State **Current Position:**

_____ **Date started::** _____ (mo/yr) Please check if Deaf: ___ Hard-

of-Hearing: ___ Hearing: ___ **Membership Fee: All Credential Holder: \$10/month or \$120/year** (refer to

the Articles of Fellowship – NF Deaf Culture, Section 14.05 -Credential Holder fee) **Credential:** _____

Date: _____ Signature of Credential Holder _____

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

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