

**Association of Charismatic Reformed Churches
Application for Church Membership**

Name of Church: _____

Address of Church: _____

Telephone Number: _____ Fax _____

E-Mail: _____

Web Page: _____

Date: _____

We have read the Statement of Faith and the Constitution of the Association of Charismatic Reformed Churches and are in agreement with it. If we should take exception to any part of the Standards of the Association we will notify the Moderator. We include a copy of our church constitution and statement of faith with this application.

Church Officers:

Name: _____ Office _____

Name: _____ Office _____

Name: _____ Office _____

Name: _____ Office _____

Name: _____ Office _____

Name of recommending church: _____

Address _____

***Please complete and mail to: ACRC, 1006 S. Saint Bernard St.,
Philadelphia, PA 19143***