

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

Name: _____

Address: _____

Telephone Number: _____ Fax _____

E-Mail: _____

Web Page: _____

Name of church where you are a member: _____

Address: _____

Telephone Number: _____ Fax _____

Church office held (if any): _____

Date: _____

I have read the Statement of Faith and the Constitution of the Association of Charismatic Reformed Churches and am in agreement with it. If I should take exception to any part of the Standards of the Association I will notify the Moderator. I will inform the leadership of my local church of my intention to join the Association.

(Signed) _____

Name of recommending church: _____

Address _____

Please complete and mail to: ACRC, 695 Eagles Nest Drive, Austin, AR 72007