

**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, 1006 S. Saint Bernard St.,  
Philadelphia, PA 19143***