



Date: _____

CHURCH MEMBERSHIP APPLICATION

NOTE: Application fee of \$75.00 applies

We hereby apply for membership in the Conservative Congregational Christian Conference.

- We affirm our agreement with the CCCC statement of faith, policies, and code of ethics for churches.
- We will work with the other members of the CCCC in accordance with Congregational principles for the advancement of Christianity throughout the world.
- When we experience a pastoral change we will seek the help of the CCCC in our pastoral search.
- When experiencing significant church conflict we will ask the CCCC for assistance.
- We will endeavor to assume a fair share of the Conference financial responsibilities.
- We agree to receive a representative of the CCCC to meet with our congregation and/or official board, with the understanding that the representative will send a recommendation to the Credentials.

GENERAL INFORMATION:

Name of Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Church Phone: (_____) _____ Website: _____

E-mail: _____

Pastor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail: _____

Please continue on next page



Church Membership Application— (cont.)

Please provide the following information:

- 1. Date church established: _____
- 2. Date church voted membership in the CCCC: _____
- 3. Number of member present at vote: _____
- 4. Total church membership on date of vote: _____
- 5. Does church have official relationship with any other conference, denomination or association?
 Yes No

If yes, please provide the name of such organization and describe the church plant's connection with it:

6. Is it your purpose to continue such connection? Please explain: _____

Remarks:

Please attach a copy of your church *Constitution and Bylaws, Vision Statement, Statement of Faith, and your most recent Annual Report*. If no Annual Report is available, provide a summary of information for the year.

Date: _____ Signature of Clerk or Board Chair: _____

NOTE: This application requires a \$75.00 application fee. Please include a check made out to CCCC with your application and mail to the Home Office at the address below, or you may go to www.cccusa.com / GIVING. Choose "application fee" from the drop down menu and enter the amount of \$75.00 to complete your application. Thank-you.