



# Christian church in Australia

245 Angas Street, Adelaide, SA 5000

## Application for:-

***AFFILIATION – CERTIFICATE WITH THE CCA***

1. Name of church making application: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Surname of Pastor/liaison officer making application: \_\_\_\_\_  
Christian Name/s: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_
4. The church leadership has read the CCA Constitution. Yes  No
5. We are aware of the two (2) types of membership available To us –  
Affiliation / Association Yes  No
6. We are willing to commit ourselves to the CCA Constitution and the requirements thereof: Yes  No
7. We would like to apply for membership as an affiliated church of the CCA (please tick membership you are apply for):  
Affiliation
8. Please supply detailed background of your church. (attach sheet)
9. Please supply your church's Constitution
10. Is you church willing to commit to the well-being of the CCA through:  
Prayer: Yes  No   
Resources: Yes  No   
Finances: Yes  No

11. Briefly describe your reason for wanting to join the CCA \_\_\_\_\_

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12. Supply details of time/place of services, pastors' names, addresses & phone numbers: \_\_\_\_\_

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<p>FOR OFFICE USE ONLY</p> <p>Date approved: ____/____/____</p> <p>Comments: _____</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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