

CHURCH APPLICATION

For Affiliation With Christian Church in Australia Inc. (CCA).



Address: 245 Angas Street, Adelaide, SA 5000

Phone: (08) 8232-5554

E-Mail: cca@cca-churches.com

Website: www.cca-churches.com

Please see page 3 below for a list of the attachments that need to accompany this application.

CHURCH INFORMATION:

Name of church making application:

Street address:

Postcode:

Full postal address (if different from street address):

Postcode:

Phone (Office):

Phone (Pastor's):

Email:

Website:

Please briefly explain your church's reason for wanting join the Christian Church in Australia (CCA):

Has the church leadership read the Constitution of Christian Church in Australia? Yes No

Is the church leadership willing to commit to the requirements of the Constitution of Christian Church in Australia Inc. (CCA) and to comply with decisions of the Executive Board? Yes No

Is your church willing to contribute to the well-being of the CCA through prayer? Yes No

Is your church willing to contribute financially to the CCA? Yes No

Is your church willing to share resources with the CCA (if appropriate)? Yes No

Does your church have a Constitution? Yes No

Church's ABN or ACN:

Does your church hold an annual general meeting? Yes No

If so, what was the date of the last AGM?

Does your church have public liability and sexual abuse/molestation insurance? Yes No

Does your church have a Child Safe Policy? Yes No

Is your church registered with the Australian Charities & Not-for-Profits Commission (ACNC)? Yes No

Church membership: Adults: Children:

Times of weekly church services:

Has the senior/lead pastor of your church read and signed the CCA Ministerial Code of Conduct Yes No

SENIOR/LEAD PASTOR'S DETAILS:

Title: Pastor Mr Mrs Miss Ms Other:

First name: Last name:

Full residential address:

Postcode:

Full postal address (if different from residential address):

Postcode:

Phone (Home): Phone (Mobile):

Phone (Work): E-mail:

DETAILS OF ANY OTHER PASTORS WHO SERVE IN YOUR CHURCH:

Title: Pastor Mr Mrs Miss Ms Other:

First name: Last name:

Full residential address:

Postcode:

Full postal address (if different from residential address):

Postcode:

Phone (Home): Phone (Mobile):

Phone (Work): E-mail:

Title: Pastor Mr Mrs Miss Ms Other:

First name: Last name:

Full residential address:

Postcode:

Full postal address (if different from residential address):

Postcode:

Phone (Home): Phone (Mobile):

Phone (Work): E-mail:

DETAILS OF PERSON MAKING THIS APPLICATION:

(*If you are already listed above, please write your name and then "as above".)

Title: Pastor Mr Mrs Miss Ms Other:

First name: Last name:

Full residential address:

Postcode:

Full postal address (if different from residential address):

Postcode:

Phone (Home): Phone (Mobile):

Phone (Work): E-mail:

Role in the church:

IMPORTANT ATTACHMENTS

Please attach the following:

1. A detailed explanation of your church's background
2. A copy of your church's Constitution
3. A copy of your church's Childsafe Policy
4. A copy of your church's public liability and sexual abuse/molestation insurance policy
5. Any other documents in support of your application, if appropriate

DECLARATION OF PERSON MAKING THIS APPLICATION

I declare that all the information provided above is true and accurate and that the required documents are attached.

Signature of person making this Application: _____

Date: _____

Please return the completed form and attachments to the postal or email address at the top of page 1.

FOR CCA OFFICE USE ONLY

Date Application received:

Approval granted: Yes No Date:

Comments: