Church Application

CHURCH INFORMATION

Church Name
Test Assembly
Senior Pastor Title
Deacon
Senior Pastor Name
Denomination
Episcopal
Denomination (if Other)
Average Sunday Attendance
100 to 500
Primary Language
French
Physical Address
Street Address
Test St.
Address Line 2
City
Somewhere

State
CA
Postal Code
90045
Mailing Address
Same as physical address
Street Address
Address Line 2
City
State
Postal Code
Contact Information
Main Phone
88888888
Main Phone Extension

Cell Phone
88888888
Fax
Email Address
scook@bgea.org
Website
church.com
What is the church's statement of faith? What are the core beliefs?
asd f
Please describe any of the church's community involvement, including mission and volunteer work
sad f
Does the church offer various worship services such as contemporary, traditional or Spanish-speaking? If so, please explain.
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Does your church offer a discipleship or mentoring program? If so, please explain.
Do you or any of your church leaders have experience dealing with special needs such as alcoholism, drug abuse, marital or family problems? If so, please explain.
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as df
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as df Ministry Liaison
as df Ministry Liaison Title

Gender
Male
Email Address
scook@bgea.org
Main Phone
88888888
Main Phone Extension
Cell Phone
888888888
Fax
Are you at least 18 years of age?
Yes
How did you hear about SearchforJesus.net?
Direct mail
I carefully read and understand the BGEA statement of faith and the stated requirements and agree with the content. In addition, I hereby certify that the information contained in this church referral application and any attachments are true to the best of my knowledge. I also clearly understand that I am not to advocate any doctrines other than Jesus Christ as Lord and Savior, and I will not promote my church or denomination over another when representing BGEA.

Yes

By typing my full name and today's date in the signature box below, I am agreeing to that being used as my signature of acceptance.

Test Tester