

**APPLICATION FOR MEMBERSHIP AND ASSOCIATE MEMBERSHIP OF  
TEACHERS' CHRISTIAN FELLOWSHIP OF NSW INC.**

ABN 48 491 229 109

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Name of School / Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Application is for: ☐ Membership (\$35) **or**  
☐ Associate membership (\$35) - has no voting rights

Please tick if you are a ☐ Teacher in training (\$10) **or** ☐ New career teacher (\$10)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR MEMBERS ONLY (NOT ASSOCIATE MEMBERSHIP)**

Proposer and Secunder must be current TCFNSW Inc. members.

If none are known to you, please leave blank. **This will not affect your application.**

PROPOSER: Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECONDER: Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member (not Associate member) applications **must also sign a Statement of Belief in the Christian Faith on the back of this form.**

Payment is by -

☐ mastercard/visa

Card no. \_\_\_\_\_ Amount: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name as on card (please print): \_\_\_\_\_

☐ Direct deposit to: Westpac Bank

BSB: 032-373 Account No: 128812 (Please record your name as the reference.)

**STATEMENT OF BELIEF IN THE CHRISTIAN FAITH:**

I believe in God, the Father Almighty,  
maker of heaven and earth;  
and in Jesus Christ, his only Son our Lord,  
who was conceived by the Holy Spirit,  
born of the virgin Mary,  
suffered under Pontius Pilate,  
was crucified, dead and buried.  
He descended into hell.  
The third day he rose again from the dead.  
He ascended into heaven,  
and is seated at the right hand of God the Father almighty;  
from there he shall come to judge the living and the dead.  
I believe in the Holy Spirit;  
the holy catholic church;  
the communion of saints;  
the forgiveness of sins;  
the resurrection of the body,  
and the life everlasting.

In seeking to be a member of Teachers' Christian Fellowship NSW Inc,  
I affirm my faith in Jesus Christ as my Saviour, my Lord and my God and agree with  
the above statement of belief.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to: TCFNSW Inc.  
PO Box 8401  
Westfield Parramatta 2150

Ph: 0456 203 548    Website: [tcfofnsw.org.au](http://tcfofnsw.org.au)    Email: [mailtcfofnsw@gmail.com](mailto:mailtcfofnsw@gmail.com)

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OFFICE USE:

Approved on \_\_\_\_\_ Applicant notified: \_\_\_\_\_

Amount rec'd \_\_\_\_\_ Date \_\_\_\_\_ Receipt no. \_\_\_\_\_