

CGCN DENOMINATIONAL MEMBERSHIP APPLICATION

DENOMINATIONAL INFORMATION

Name of denomination:		
# congregations:	# members:	Year established:
Primary contact person for CGCN:	Phone:	Phone2:
Email:		
Website:		
Mailing address:		
City:	State:	ZIP Code:

LEADERSHIP AND AUTHORIZED PARTICIPANTS

Individuals who will represent your organization/congregation at CGCN meetings and participate in CGCN working groups:		
Name:	Email address:	Preferred phone #:

DISSEMINATION OF CGCN INFORMATION TO/THROUGH YOUR DENOMINATION

Communications director or communications hub for your denomination?		
Name:	Email address:	Preferred phone #:

SIGNATURE

I acknowledge that I have the authority to act on behalf of _____.

I affirm that the official decision making body for denomination affirms the Common Ground Christian Network mission and purpose statement and that we affirm every tenet of the Christian faith expressed in the "Jesus Christ: Our Common Ground and Common Cause" document.

Signature of authorized agent:	Date:
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Suggested annual contribution to CGCN for member denominations: \$500	
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