CGCN ORGANIZATIONAL/CONGREGATIOAL MEMBERSHIP APPLICATION

ORGANIZATIONAL OR CONGREGATIONAL INFORMATION		
Name of organization/congregation:		
Primary contact person for CGCN:	Phone:	Phone2:
Email:		
Website:		
Mailing address:		
City:	State:	ZIP Code:

AFFILIATION AND LEADERSHIP		
Denominational affiliation:		
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 CONGREGATION/ORGANIZATION		
Communications director or communications hub for your congregation or organization?		
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 our congregation or organization 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:
Suggested annual contribution to CGCN for organizational/congregational members: $250	