

Membership Application

Apply online at ADFChurchAlliance.org

I would like more information

Call Email Mail

TO APPLY FOR CHURCH ALLIANCE MEMBERSHIP, FILL OUT THE FORM BELOW AND SUBMIT IT VIA:

EMAIL ChurchAlliance@ADFlegal.org | **FAX** 480-444-0028 | **MAIL** 15100 N. 90th Street, Scottsdale, AZ 85260

Name _____ Title _____

Email _____ Phone _____

Church Name _____ Church Phone _____

Church Address _____

City _____ State _____ Zip _____

Denomination _____ Church Email _____

Pastor Name _____ Pastor Email _____

Church Attendance	Monthly Plan	Annual Plan
Up to 150	<input type="checkbox"/> \$25	<input type="checkbox"/> \$250
151-500	<input type="checkbox"/> \$50	<input type="checkbox"/> \$500
501-1000	<input type="checkbox"/> \$100	<input type="checkbox"/> \$1,000
1001-2000	<input type="checkbox"/> \$200	<input type="checkbox"/> \$2,000
Over 2,000	<input type="checkbox"/> \$400	<input type="checkbox"/> \$4,000

SELECT PLAN

The price of Church Alliance membership is based on average church attendance and whether payment is made monthly or up front at a discounted rate. Membership is an annual agreement that is automatically renewed unless canceled. Please check the appropriate box to select a monthly OR annual payment plan.

PAY BY CARD

PAY BY ELECTRONIC FUNDS TRANSFER

Name on Card _____

Bank Name _____

Card # - -

Expiration - V-Code

Bank Routing Number _____

Address associated with card (if different from church address above) _____

Account Number _____

On behalf of the church named above, I have read and understand the Church Alliance Scope of Services and ADF's Statement of Faith. The above named church's statement of faith (or similar document) is compatible with ADF's statement. We consider ourselves generally likeminded. I affirm that this church stands in full agreement with the final four bullets of ADF's statement of faith. I agree to have my card automatically charged for the amount indicated above.

Signature

Date _____