

ILLINOIS DISTRICT COUNCIL
APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ APPLICANT'S SIGNATURE _____

PASTOR'S NAME _____

CHURCH NAME _____

LENGTH OF CHURCH AFFILIATION _____ SENIOR (65 OR OLDER?) YES NO

PASTOR'S RECOMMENDATION (INCLUDE TYPE OF MINISTRY PERFORMED) _____

PASTOR'S SIGNATURE _____

COMMITTEE RECOMMENDATIONS _____

COMMITTEE _____

NOTE: APPLICANT MUST BE A MEMBER OF AN IDC CHURCH. THIS APPLICATION MUST BE RETURNED TO COUNCIL OFFICE BEFORE NOON DURING FRIDAY'S COUNCIL SESSION.

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