

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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