

ILLINOIS DISTRICT COUNCIL
APPLICATION FOR VISITATION CARD

(PLEASE PRINT)

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ APPLICANT'S SIGNATURE _____

PASTOR'S NAME _____

CHURCH NAME _____

LENGTH OF CHURCH AFFILIATION _____ COUNCIL MEMBER? YES NO

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

PASTOR'S SIGNATURE _____

COMMITTEE RECOMMENDATIONS _____

THIS APPLICATION MUST BE RETURNED TO COUNCIL OFFICE BEFORE NOON DURING FRIDAY'S COUNCIL SESSION.

(This form printed from website).