

Northeast Fellowship

A Network of Independent Baptist Churches

APPLICATION

Name of Church: _____

Address: _____

Website: _____

Phone: _____ Church Email: _____

Pastor: _____

Pastor's Address: _____

Pastor's Phone: _____

Pastor's Email: _____

Additional contact person if without a Pastor:

Name _____ Phone _____ Email _____

Has the church read and agreed with the Constitution and Beliefs and Practices of the Fellowship? _____

Date of the church vote to affiliate with the Northeast Fellowship: _____

Is the church a member of another denominational group or affiliated with another association? (If so, which?)

Briefly state how and why the church came into existence: _____

Are all church members born again and baptized by immersion? _____

Number of members in the church: _____

Signed by the Church Clerk: _____ Date: _____

----- *To be filled out by the NF* -----

Date of Recognition Meeting: _____

List some of those represented at the Meeting: _____

Summary of Meeting: _____

Date of NLT Action: _____ Date of NF Action: _____

Mail this form and one copy of your church's Constitution and Articles of Faith to:

Dr Jim Vogel

Northeast Fellowship
2293 Grand Central Ave
Horseheads, NY 14845