

# APPLICATION FOR MEMBERSHIP OF



Full Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_ Post Code \_\_\_\_\_

Phone: (0 \_\_\_\_\_ ) \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's name (if applicable) \_\_\_\_\_

Type of Ministry you are presently involved in \_\_\_\_\_  
(Please write this on a separate sheet of paper, less than 250 words.)

Number of Years in Ministry \_\_\_\_\_

Spiritual Accountability Structure & brief ministry history \_\_\_\_\_

Type of Membership applied for:  
Professional Member, Pastoral Member, Associate Member.  
(Please circle whichever is appropriate)

Referees (Applicants may choose to provide a letter of reference from these two people, or just their contact details)

**1. Name** \_\_\_\_\_

Position \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Postal Address \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Name** \_\_\_\_\_

Position \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Postal Address \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorise the Referees named above to provide Christian Carers Network with such information as you may require in response to this application for Membership.  
(All information obtained will be treated with the utmost confidence, in terms of Biblical standards and the Privacy Act.)

I apply for Membership of the Christian Carers Network International, and I agree with the Statement of Faith, and the Standards of Ethics and Ministry Conduct for Members. I further agree that CCNI cannot be held liable for my actions.

Signed by Applicant \_\_\_\_\_ Dated / /

Annual Membership Fees enclosed. (This is to cover administration costs only.)

\* Professional Member - \$47-50

\* Pastoral Member - \$42-50 Payment by Personal cheque or Visa/MasterCard

\* Associate Member - \$37-50

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Please post completed Application with fee to:

Christian Carers Network International P.O. Box 36-044, Wellington 5043, New Zealand