



## Request for Affiliation

Full Name of Church

Today's Date

Mailing Address

Unit

City

State/Province

Zip/Postal Code

Physical Address

Unit

City

State/Province

Zip/Postal Code

Church E-mail Address

Church Phone Number

Church Fax Number

Church Website

Rector

Rector's E-mail

Other Clergy

E-mail

Other Clergy

E-mail

Other Clergy

E-mail

Church Administrator

E-mail

Church Treasurer

E-mail

Senior Warden/Other

E-mail

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Date and Times of Weekly Worship Services

Address with City, State and Zip where Worship Services are held

Do you own your worship space?

Yes  No

Are you a church plant?

Yes  No

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## Parish Statistics for Previous Year (if any)

Number of Members

Average Sunday Worship  
Attendance

Number of New  
Members

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## Discussion Questions

Provide a brief narrative of your church or organization; how you learned about the Anglican Mission and what your specific interest in the Anglican Mission is at this time.

What is the vision and defined strategy for your church or organization and how do you plan to implement them over the next twelve months?

How does your worship reflect the "three streams" (Evangelical, Catholic and Charismatic)?

How do you describe mission? Reflect on the Great Commandment and the Great Commission and how it should impact the life and ministry of your church.

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Request Completed by

Position

Date

*When your application is complete hit "Submit" below  
and agree to the appropriate request from Adobe.*