

PARTNERSHIP APPLICATION

| CHURCH DETAIL | S |
|---------------|--|
| NAME | |
| ADDRESS | |
| ADDRE35 | |
| DENOMINATION | WEBSITE |
| NUMBER OF ADU | I T MEMBERS/ON ELECTROL ROLL OR EQUIVALENT (18+) |

NOMINATED REPRESENTATIVES

| (Members of the church's leadership team) | | | | | | | | |
|---|---------|------|--------|--|--|---------|--|--|
| TITLE | | FULL | . NAME | | | | | |
| POSITI | NC | | | | | | | |
| EMAIL | | | | | | | | |
| MOBIL | E NUMBE | ER | | | | DAY OFF | | |
| | | - | | | | - | | |

| TITLE | FULL NAME | | |
|--------------|-----------|---------|--|
| POSITION | | | |
| EMAIL | | | |
| MOBILE NUMBE | ĒR | DAY OFF | |

| CHURCH ADMINISTRATOR (Contact will be via the first nominated representative where there is no administrator) | | | | |
|--|--|--|--|--|
| FULL NAME | | | | |
| EMAIL | | | | |

| POSTAL ADDRESS FOR KGP INFORMATION (Best address for sending flyers etc, if not the church) | | | | |
|--|--|--|--|--|
| ADDRESS | | | | |

FINANCIAL CONTRIBUTION

| (Please state if you intend for your contribution to be paid; yearly, quarterly, or monthly) | | | | | |
|--|---|-------------------|--|--|--|
| TOTAL AMOUNT | £ | PAYMENT FREQUENCY | | | |

| TREASURER OR FINANCE OFFICER | | | |
|--|--|--|--|
| (Best contact for invoices, receipts, or financial queries etc.) | | | |
| NAME | | | |
| EMAIL | | | |

| DECLARATION | | | | |
|---|-----------------------------|--------------|------|--|
| (To be signed by a repr | resentative above) | | | |
| The Church leadership |) | | | |
| | h the Partnership's Stateme | | | |
| | the Vision and Aims of the | | | |
| (c) undertakes on behalf of the Church to fulfil the Partnership Commitment | | | | |
| (d) agrees to these details being stored on the Kent Gospel Partnership database. | | | | |
| SIGNED DATE | | | | |
| DATE RECEIVED | ACCE | PTED YES/NO* | DATE | |

*REASONS TO BE WRITTEN OVERLEAF