

## PARTNERSHIP APPLICATION

CHURCH DETAILS					
NAME					
ADDDECC					
ADDRESS					
DENOMINATION			WEBSITE	Ξ.	
NUMBER OF MEN	BERS OR EQU	S OR EQUIVALENT (18+)		NUMB	ER OF CHILDREN
LEADERSHIP STRUCTURE					
(e.g., single pastor; elders and deacons; vicar, curate and PCC)					
NOMINATED REPRESENTATIVES (Members of the church's leadership team)					
	FULL NAME				
POSITION					
EMAIL					
CONTACT NUMB	ER			AY OFF	
	FULL NAME				
POSITION					
EMAIL			-	\\\\ OFF	
CONTACT NUMB	ER		L	AY OFF	
CHURCH ADMINISTRATOR (Contact will be via the first nominated representative where there is no administrator)					
FULL NAME		· ·			·
EMAIL					
CONTACT NUMBI	ER				
POSTAL ADDRESS FOR KGP INFORMATION (Best address for sending flyers etc, if not the church)					
		,	,		
ADDRESS					
FINIANIQUAL CONT	DIDUTION				
FINANCIAL CONTRIBUTION (Please state if you intend for your contribution to be paid; yearly, quarterly, or monthly)					
TOTAL AMOUNT	£		PAYMENT F		
DECLARATION (To be signed by a representative above)					
(To be signed by a representative above) The Church leadership					
(a) is in agreement with the Partnership's Statement of Beliefs;					
(b) is in sympathy with the Vision and Aims of the Partnership; (c) undertakes on behalf of the Church to fulfil the Partnership Commitment					
(d) agrees to thes					
SIGNED			ATE		
DATE RECEIVED			) YES/NO	)* D	ATE:

\*REASONS TO BE WRITTEN OVERLEAF