



VCN Mid-Atlantic  
P.O. Box 345  
Clayton, NJ 08312  
(856) 881-8990 ♦ office@missionmid-atlantic.org

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## CHURCH AFFILIATE APPLICATION

Believing the Lord Jesus Christ is leading our church to affiliate with the Mission Mid-Atlantic Association of Churches,

we, the \_\_\_\_\_  
(Name of applying church)

of \_\_\_\_\_,

have read and find ourselves in agreement with the Association's Covenant, Identity Document, and Constitution/Bylaws and, as a result of prayerful thought, have affirmed the application for affiliation with the Mission Mid-Atlantic Association of Churches.

Date of Congregational Meeting: \_\_\_\_\_

Result: \_\_\_\_\_

Please briefly describe the process you followed in arriving at this decision, including the number of members present at the meeting where a vote was taken, and the number voting for, against, and abstaining with respect to the affiliation vote.

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Signed:

\_\_\_\_\_  
Senior Pastor (Name & Title)

\_\_\_\_\_  
Chairman of Elders/Deacons

Additional Pastoral Staff Members:

Additional Elders and/or Deacons:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_

\_\_\_\_\_  
Name & Title

\_\_\_\_\_

\_\_\_\_\_  
Name & Title

\_\_\_\_\_

\_\_\_\_\_  
Name & Title

\_\_\_\_\_

Please return with your payment to:  
VCN Mid-Atlantic ♦ P.O. Box 345 ♦ Clayton, NJ 08312 ♦ Attn: Affiliations