



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

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## INDIVIDUAL AFFILIATE APPLICATION

Mr./Mrs./Ms./Miss/Rev./Dr. \_\_\_\_\_

Spouse Name (if making application) \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Membership \_\_\_\_\_

Church Address/City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ ☐ Individual ☐

Couple

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**AGREEMENT**

I subscribe to and endorse wholeheartedly the Declaration of Faith and Purpose of Mission Mid-Atlantic.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**PAYMENT**

Enclosed please find my check for \$ \_\_\_\_\_ (\$35.00 per individual/\$50.00 per couple)

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