

# KINGDOM AGENDA

## KINGDOM AGENDA FELLOWSHIP OF CHURCHES MEMBER APPLICATION

Date: \_\_\_\_\_

### PERSONAL INFORMATION

<input type="checkbox"/> <i>Senior Pastor</i>	<input type="checkbox"/> <i>Associate Pastor</i>
Last Name:	
First Name:	
Street Address	
City:	
State:	
Zip:	
County:	
Home Phone:	Cell Phone:
Personal E-Mail:	
Date of Birth:	
Spouse Name:	

### CHURCH INFORMATION

Church Name:	
Sr. Pastor's Name:	
Contact Person:	
Church Address	
City:	
State:	
Zip:	
Church Phone:	
Church Fax:	
Church Hours	
Website:	
Church Email Address:	
Church Tax Exemption:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Denominational Affiliation:	

**THIS SECTION IS FOR STATISTICAL PURPOSES ONLY**

<b>ETHNICITY</b>	<input type="checkbox"/> African American	<input type="checkbox"/> Anglo	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
Highest Level of Education:					
City:					
State:					
Major:					
<b>HOW DID YOU HEAR ABOUT US?</b>	<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Website	<input type="checkbox"/> Other	
Who Were You Referred By:					

**METHOD OF PAYMENT**

*(Make checks payable to The Urban Alternative)*

**Application Fees:                      Sr. Pastor Only \$295.00                      Assoc. Pastor \$295.00**

<input type="checkbox"/> Check	<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover
Annual Renewal Fee:		\$295.00		
Credit Card Number:				
Expiration Date:				
Name as is appears on card:				
Signature:				

**How would you like for your contact information to appear in the Kingdom Agenda Fellowship Directory?** *(Note: The Directory will be available to KAFOC Members only.)*

- Personal Address*                       *Church Address*                       *Both contacts*