

APPLICATION FOR MEMBERSHIP PLEASE ANSWER ALL QUESTIONS

Mail to: EAC Membership P. O. Box 4947, Tunapuna, Trinidad

Application Date:		
Day Month Year		
Name of Organization:		
Type of Organization: National Association Denomination Agency Associate Other (Explain)		
Mailing Address:		
Telephone: Fax:		
Email: Website:		
Number of Caribbean Islands/Countries organization is located?		
Number of Congregations/Member Bodies/Branches in organization?		
Is Organization Registered? Yes No Registration Date:		
Day Month Year Is Organization Incorporated? Yes No Incorporation Date:		
Has the Governing Body of the Organization agreed to become a member with the Evangelical Association of the Caribbean?		
Is the Organization in agreement with EAC's Statement of Faith? (If yes, sign the Statement of Faith and submit with application)		
Is the Organization in agreement with the Constitution of EAC? \Box Yes \Box No		
Is your Organization prepared to subscribe to all the provisions of EAC? \square Yes \square No		
Why do you wish your organization to become a member of the EAC?		
President of Organization:		
Mailing Address:		
Telephone: Email:		

Secretary of Organization:		
Mailing Address:		
Telephone:	Email:	
Treasurer of Organization:		
Mailing Address:		
Telephone:		
Names and addresses of two reference 22.1		
22.2		
Membership categories and fees in Unit		. ,
\$350.00 National Association;		
\$100.00 Associate Please submit a		
Will your Organization commit to pay the	is fee by January 31 of each	h year? ∐ Yes∐ N
Signature of President or Secretary		
(Please Affix Above)		
		Official Seal/Stan
		Official Seal/Star
PLEASE ENCLOSE THE FOLLWING WITH YO Constitution & Bylaws of Organization		
Copy of Incorporation or Registratio		
Signed Statement of Faith		
Membership Fees		
gelical Association of the Caribbean (EAC)		

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