



**ASSOCIATION OF CHRISTIAN TEACHERS & SCHOOLS**  
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## *Church Membership Application*

Date \_\_\_\_\_

Church Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Web address \_\_\_\_\_

Number of staff \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

<b>Office Use Only</b>
<b>Date:</b> _____
<b>Check #:</b> _____
<b>Amount:</b> _____

<p><b>Membership Dues</b></p> <p><b>\$200.00</b></p> <p>Please mail the completed application along with payment to          the CCEA Corporate Office.</p> <p>Annual Membership is valid from September 1 through August 31.</p>
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