

CALVARY CHAPEL EDUCATION ASSOCIATION

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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 _____

<p>Office Use Only</p> <p>Date: _____</p> <p>Check #: _____</p> <p>Amount: _____</p>
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<p>Membership Dues</p> <p>\$100.00</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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