



## Application for Associate Membership in the Association of Confessing Evangelical Lutheran Congregations

I, \_\_\_\_\_, wish to become an Associate Member of the Association of Confessing Evangelical Lutheran Congregations (ACELC). As an Associate Member of the ACELC, I acknowledge that I am in full agreement with the Governance Guidelines of the ACELC, the theological documents officially adopted by the ACELC (supported by the "Evidence of Errors" documents of the ACELC), and agree to the following:

1. To keep the work and leadership of the ACELC in my prayers on a regular basis.
2. To work in concert with the objectives and goals of the ACELC to assist the members with concerted actions taken by the Association, volunteering if possible, to assist in these efforts.
3. To lend financial support to the efforts of the ACELC to the degree I am able (over and above my local stewardship at my local congregation.)
4. To speak well of and support the work of the ACELC, especially in my home congregation, and to publicly identify, study, discuss and ultimately work to resolve the identified errors in an effort to work toward unity in The Lutheran Church—Missouri Synod.
5. If possible, to attend ACELC conferences as an observer. (Associate membership in the ACELC does not grant voting franchise at ACELC conferences; however, they can speak to the issues.)

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

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Congregation: \_\_\_\_\_  
(Name, City/Town, State)

Pastor's Name (if not a Pastor): \_\_\_\_\_

Please mail completed applications and any donations to:

ACELC  
PO Box 1761  
Independence, MO 64055-1761

If donation is enclosed, please make check payable to ACELC