



The Pentecostal Assemblies of Canada (PAOC)
NEW CHURCH AFFILIATION APPLICATION
(Please PRINT clearly)

CHURCH NAME

Official Church Name (as should appear on certificate) _____ Section Number _____

MAILING ADDRESS

Unit Number - Street Number - Street Name _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

CHURCH STREET ADDRESS

(if different than above)

Unit Number - Street Number - Street Name _____

City _____ Province _____ Postal Code _____

STATISTICS

Please fill in the following information relative to your church:

Morning Attendance _____ Number of Adherents _____

Evening Attendance _____ Ethnic Origin _____

Organized Membership Yes No Number of Members _____

SIGNATURES

Date: _____ Pastor: _____

Secretary: _____

GOVERNANCE

Indicate if the assembly is constituted as a:

- Affiliated Assembly with Elected Church Board**, under the provisions of the Local Church Constitution and By-Laws of PAOC (2016)
(A signed copy indicating date of adoption must be included with the application for district use. A signed copy of the Affiliation Resolution, page 2, must also be included for International Office use.)
- Affiliated Assembly with Pastor's Council**, under the provisions of the Local Church Constitution and By-Laws of PAOC (2016)
(A signed copy indicating date of adoption must be included with the application for district use. A signed copy of the Affiliation Resolution, page 2, must also be included for International Office use.)
- Affiliated Assembly**, under another district-approved constitution
(A signed, dated copy of the constitution, including the required non-profit and dissolution clauses must be included with this application for district use.)
- "Other" Assembly**, under district supervision as provided at the 2008 General Conference *(New Church Plant)*

CHURCH INFORMATION

PASTOR

Credential Number _____ Title _____ First Name _____ Initial _____ Last Name _____

Unit Number - Street Number - Street Name _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

BOARD SECRETARY

Title _____ First Name _____ Initial _____ Last Name _____

Unit Number - Street Number - Street Name _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

OFFICIAL ENDORSEMENT

I hereby authorize the action indicated for the above assembly as approved by the _____
_____ District Executive, of PAOC on this ____ day of _____, year _____

Signed: _____
District Representative Position

AFFILIATION DECLARATION

This is to certify that the following resolution was duly approved at a congregational meeting on the _____ day of _____ in the year of _____.

"We, the congregation of _____ request affiliation with The Pentecostal
(Official Name)
Assemblies of Canada, and in so doing agree to abide by *The Statement of Fundamental and Essential Truths* and the governing documents of The Pentecostal Assemblies of Canada, International and District bodies; including full financial participation by church tithe and support of the national and international mission of The Pentecostal Assemblies of Canada.

Certified by: _____
Chairman
Secretary

Address of Congregation: _____
(If different from reverse)

