

Participation Agreement of The Coalition of Spirit-filled Churches

Pastor's or leader's name and title

Name of church or fellowship

Mailing address (street or P.O. box)

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Telephone

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Fax

E-mail address

The Coalition of Spirit-filled Churches is hereby authorized to serve as our one and only authorized representative for ecclesiastical endorsing or certifying to the U.S. Government and civilian pastoral care organizations.

Our church/pastor is a member of : _____ Fellowship Group

We have _____ members/adherents .

Date: _____ Signature & Title: _____

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Please complete and mail to:

The Coalition of Spirit-filled Churches
Post Office Box 6606
Newport News, VA 23606

Or fax to:

(425) 977-1360