

# 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)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
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: \_\_\_\_\_  
.....

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

Or email to:

[Chaplaincy@Spirit-filled.org](mailto:Chaplaincy@Spirit-filled.org)