

CHURCHES

Connected For Community Care

P.O. Box 1111 ♦ FAIRFAX, VA 22038-1111

PHONE: 703-591-3932 OR 703-273-1455

FAX: 703-591-6262

WEBSITE: WWW.CHURCHESCONNECTED.ORG

E-MAIL: MANAGER@CHURCHESCONNECTED.ORG

MISSION: Churches Connected and Working Together to Develop, Promote, Facilitate, and Implement Projects, Programs, and Educational and Training Initiatives that Provide Benefits to Individuals, Families, and the Community-at-Large

VISION: Provide Positive Impact on the Quality of Life for Believers and Unbelievers through Churches Connected for Community Care Programs, Projects, and Initiatives

CHURCH PROGRAM AREAS: Please indicate your church's program areas of interest:

- | | |
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| <input type="checkbox"/> Youth Development Programs | <input type="checkbox"/> Minister's and Pastor's Solitude |
| <input type="checkbox"/> Family Wellness Programs | <input type="checkbox"/> Economic Empowerment |
| <input type="checkbox"/> Financial Literacy Program | <input type="checkbox"/> Assistance for The Poor And Needy |
| <input type="checkbox"/> Missionary Projects | <input type="checkbox"/> Social and Criminal Justice Assistance |
| <input type="checkbox"/> Couple's Solitude | <input type="checkbox"/> Senior Citizen's Assistance |
| <input type="checkbox"/> Health Promotion & Disease Prevention | <input type="checkbox"/> Bible-based Training Programs |
| <input type="checkbox"/> Bible-Based Spiritual Revivals | <input type="checkbox"/> Conferences and Workshops |

MEMBERSHIP: Membership is open to all Christian, Bible-based churches regardless of denomination. Churches are encouraged to contribute to programs that will benefit the community-at-large. Churches interested in joining should complete this membership form and mail it to P.O. Box 1111, Fairfax, VA 22038. There is an annual membership fee of \$200 for each church interested in joining this program. Annual membership fees entitle participating churches to partner with other Christian churches to contribute to the betterment of the community-at-large, to receive churches best practices information, and to participate in the all Churches Connected for Community Care Programs with discounted rates for church members.

CHURCH REGISTRATION:

Church Name: _____

Church Address: _____

Church Denomination: _____

Pastor's Name: _____

Church Phone: _____ Church Fax: _____

Church E-mail: _____ Church Size: _____

Church Website: _____

Church Service Hours: _____

Please begin my annual membership effective on (enter specific date): _____

Pastor's Signature: _____ Membership Effective Date: _____

PAYMENT: \$200.00 annual fee per church for membership; ***Make Checks Payable to: Churches Connected for Community Care and mail to: P.O. Box 1111, Fairfax, VA 22038***

Check #: _____ Name on Check: _____

Payment by Credit Card: Name on Card: _____

Billing Address of Card: _____

Card Type (Please circle one): AmEx Visa MasterCard Card #: _____

Expiration Date: _____ Signature: _____