



**2022 NF Church Membership Application**

(REV 11/20/21)

<p><i>To Renew by mail</i></p> <p>1) <i>Fill the form and mail with your payment</i></p> <p>2) <i>Mailing Address:</i> 1640 Broadway St, Vallejo, CA 94590</p>	<p><i>To Renew or apply new membership thru online</i></p> <p>1) <i>Go to the website: <a href="http://www.nfdeaf.org">www.nfdeaf.org</a> then followed by either one of the following</i></p> <p>2) <i>For <b>existing member</b>: click <b>SIGN IN</b>;</i> <i>For <b>new member</b>: click <b>JOIN New Member</b></i></p>
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**PLEASE CHECK YOUR AFFILIATION STATUS WITH AG**

*(Church Membership fee, \$150/yr)*

- General Council
- District Affiliated
- Parent Affiliated Church (PAC)
- Other or Special Ministry \_\_\_\_\_

Church Name: \_\_\_\_\_

District: \_\_\_\_\_

Sponsoring Hearing church: \_\_\_\_\_ (if church is PAC)

Senior Pastor: \_\_\_\_\_ (First Middle Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Voice: \_\_\_\_\_ VP: \_\_\_\_\_

Church Email: \_\_\_\_\_ Church Website: \_\_\_\_\_

Signature of Senior Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Church Corporate Secretary: \_\_\_\_\_

Signature of Church Corporate Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Please make your check or money order payable to  
**National Deaf Culture Fellowship** and mail your completed form and payment to  
**1640 Broadway St Vallejo, CA 94590**

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Effective Date: \_\_\_\_\_ Approved by NF Administrative: \_\_\_\_\_

New: \_\_\_\_\_ Upgrade: \_\_\_\_\_ Lapsed: \_\_\_\_\_ Date: \_\_\_\_\_