

Nazarene Children's Leadership Network

2010 Membership Application

Please check appropriate box: New Membership Renewal

Name

Daytime Phone

Church/College/Ministry

City

State

Church Mailing Address

City

State

ZIP

E-mail Address

District

Educational Region

Birthdate (optional)

Anniversary (optional)

Average Worship Attendance (if applicable) _____

Average Children's Attendance (if applicable) _____

Ministerial Status (Please check appropriate box)

No ministerial credentials Local License District License Ordained Deacon Ordained Elder

Position (Please check appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> Children's Pastor (full-time) | <input type="checkbox"/> Children's Pastor (part-time) |
| <input type="checkbox"/> Children's Evangelist | <input type="checkbox"/> College Faculty |
| <input type="checkbox"/> Nazarene Children's Ministries Office Staff | <input type="checkbox"/> College Student (College: _____) |
| <input type="checkbox"/> District Children's Director | <input type="checkbox"/> Local Children's Director |
| <input type="checkbox"/> Other (please specify) _____ | |

Please complete this application and return, along with \$25 membership fee (check or charge below) to:

NCLN, Children's Ministries
17001 Prairie Star Parkway
Lenexa, KS 66220
ncln@nazarene.org Fax: 913-577-0873

Credit Card:

VISA M/C

Card Number

Exp. Date

Name on card

Billing Address, City, State, Zip