



DECLARATION OF MEMBERSHIP

All Atlantic Baptist Foundation financial plans are restricted to Members/Adherents (regular attenders) of a Member Church of CBAC.

A completed Declaration of Membership MUST accompany all Applications. If not completed, the Application will be rejected.

FOR INDIVIDUALS USE

Date: _____

I/we declare that I/We are member/adherent(s) of _____ Church,
a member of CBAC located at:

Church Address: _____ City/Town _____

Postal Code: _____ Province: _____

Applicant(s) Name: _____ Name: _____

Home Address: _____ City/Town _____ Postal Code _____

Province: _____

Applicant's signature: _____ co/applicant, signature: _____

FOR CHURCH OR AGENCY USE

Date: _____

This is to declare that (Name): _____ Church/Agency of

City/Town of _____, Postal Code _____ Province _____ is a

Member of CBAC;

Authorized signor: _____ Title _____